GOVERNMENT MEDICAL COLLEGE, NIRMAL TELANGANA STATE

FEES DETAILS & CONTACT DETAILS FOR ADMISSION PURPOSE

Principal, Government Medical College, Nirmal.

Email ID: gmc.nirmal@gmail.com

Contact details of officials staff handling admission process:

NAME: Dr.V.Srinivas Kumar Professor & HOD Pathology Phone No: 9885088044.

Name: R.Rambabu, Jr.Asst. Phone No: 9676220983.

Venue for reporting : Administration Block

COLLEGE FEES :

Rs.25000/-Demand Draft in favor of "Principal, Government Medical College, Nirmal "from any Nationalized Bank.

KNR UNIVERSITY FEES

i. University Fee for AIQ Students Rs.35,000/-

ii. Equivalency fee for candidates completed MBBS from

a) Other States Rs.8,000/-
b) Other Country Rs.10,000/-

Demand Draft in favor of "Registrar,KNRUHS, Warangal"

Non Judicial Papers for Rs.100/-(Bonds):3 types of paper (BONDS) Required, matter enclosed.

(The Information prepare on Non-Judicial Stamp paper RS.100/-)

UNDERTAKING

I, _____ **D/o**_____bearing PG NEET 2026 Rank No., Hall Ticket No._____

Hereby given an undertaking as below in connection with our claim with regard to certificates submitted for admission into PG Medical Course for the Academic Year 2026-27 in colleges affiliated to KNR University of Health Sciences. We, hereby declare that all our certificates are genuine.

I am aware that if the submitted relevant certificate (s) is/are found to be not genuine at a later date, my admission is liable to be cancelled and I am liable for criminal prosecution, as may be legally deemed fit. Further I agree that I abide by the Rules and Regulations of KNR University of Health Sciences.

I also hereby undertake that I shall not enter into legal litigation, if the seat allotted to me is cancelled, for the above reasons.

Date:

Place:

Signature of Parent/Guardian

Aadhar Card No._____

Name:_____

Address:_____ ,

Signature of Candidate

Aadhar No._____

Name:_____

Address:_____,

ANNEXURE-II

(Non-Judicial Stamp Paper for Rs.100/-)

(FOR ALL CANDIDATES)

I,Dr……selected for Post Graduate Degree/Diploma for the year academic year **2026-27** do hereby undertake to complete the said course as per the requirements of the university. In the event of my leaving the studies after joining the course, I undertake to pay to the KNR University of Health Sciences a sum **Rs.50,00,000**/- **(Rupees Fifty lakhs only)** and refund the amount received as stipend/salary up to that date to Government.

DATE:

Sureties: **Signature of the Candidate**

1. Signature:

Name and address in full Name and address in full

2. Signature: 2. Signature of parent:

Name and address in full Name and address in full

N.B: The Bond format shall be typed on the Non judicial stamped paper.

(The Information prepare on Non-Judicial Stamp paper RS.100/-)

PROFORMA OF AGREEMENT BOND FOR CANDIDATES
ADMITTED TO PG MEDICAL COURSES 2026-27

THIS DEED OF BOND IS EXECUTED AT **NIRMAL** ON THIS DAY OF BY

Name _____ **D/o** _____, Residing at (Permanent Address) _____.

Mobile No:

Mail ID:

Aadhar No.

TO IN FAVOUR OF Principal, (College Name) _____

WHEREAS the party of first part have applied for admission to PG Medical Course in Telangana State and the party of First Part has been selected to the said course.

As per the GO. MS.No.155, HM&FW (C1) Dept., dated:18-11-2021 and the prospectus of KNRUHS, the party of the FIRST PART has agreed to serve the Government of Telangana at any of the Government Institution as per the orders of state Government for a period of One year (for Non service candidates) after successfully completion of the

PG course and on such fail of not completing the full bond period of service, the partly of the FIRST PART shall forthwith pay a sum of Rs.20,00,000/- for PG Degree and Rs.10,00,000/- for PG Diploma course.

AND WHEREAS for the better protection of the Government, the Partly of the FIRST PART has agreed to execute the bond with 2 sureties who are Government gazette officers / income tax assesses to stand guarantee for the above said amount.

AND WHERE AS the party of the FIRST PART have also agreed that on successful completion of the Post Graduation course the partly of the FIRST PART shall successfully complete the requisite bond period of one year service or pay to the Government of Telangana (Directo of Medical Education) on demand the sum of Rs. 20,00,000/-Twenty Lakhs only) and on such default to together with interest at Government rates thereon from the date of demand on the said amount.

The party of the FIRST PART (candidate Name)_____ or his/her legal heirs, executors and administrators shall forthwith pay to the Government on demand the said sum of Rs.20,00,000/- (Rupees Twenty Lakh only) together with interest in the event of default by the party of the FIRST PART.

AND upon the party of the FIRST PART (candidate Name)_____ or

1. _____ or 2._____

The sureties aforesaid making such payment, the above written bond shall be void and be of no effect, otherwise it shell remain in force and virtue.

PROVIDED always that the liability of the sureties hereunder shall not be impaired or discharged by reasonable time being granted or by any forbearance, act or omission of the government or any person authorized by them (whether with or without the consent knowledge of the sureties) nor shall it be necessary for the government to sue the party of FIRST PART before suing the sureties

1.

2.

Or any of them for the amount due hereunder

This bond shall in all respects be governed by Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

This bond is exempted from stamp duty, under Article 57 of Schedule- I of the Indian stamp Act, 1899. (Central Act II of 1899)

NOW THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1.The Party of the FIRST PART has agreed to serve the Government of Telangana for a period of one year on successful completion of the PG course and in the event of default the party of the FIRST PART shall pay forthwith a sum of Rs.20,00,000/- (Twenty Lakhs only) to the Government of Telangana (Director of Medical Education).

2.For the aforesaid amount of Rs.20,00,000/-(Twenty Lakhs only) the event of such default till payment of Rs.20,00,000/-(Twenty Lakhs only) is paid to the Government of Telangana
Signed and dated at on this day of……

Signed and delivered by the Party of the FIRST PART (Student Name)_____

Signature of the Candidate:

PAN No. of Surety 1 : AADHAR No:

Signed and delivered by the surety
Signature of the Surety with seal……
In the presence of :

Witness 1.	Witness 2.
Name: _____	Name:_____
	Address:
Signature:	Signature:

PAN No. of Surety 2 : AADHAR No:

Signed and delivered by the surety……..

Signature of the Surety with seal……
In the presence of :

Witness 1.	Witness 2.
Name:	Name:
Address:	Address:
Signature:	Signature:

ACCEPTED

For and on behalf of any of the order and direction of the Government of Telangana
Date:
Station:

Principal&Addl.DME
Govt.Medical College,
Nirmal

ANNEXURE-IV

KNRUHS ANTI-DRUG UNDERTAKING

PROFERMA FOR ANTI-DRUG UNDER TAKING/DECLARATION IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY

We ,the undersigned, hereby solemnly affirm and undertake the following:

1. The Student shall not consume, process procure ,manufacture, transport ,distribute sell, perches, promote or engage in any activity relating to narcotic drugs, psychotropic substance or any other prohibited intoxicating substance during the period of study in the College/University.

2. The student shall abide by the provisions of the Narcotic Drugs and Psychotropic Substances Act, 1985, the roles made there under, the regulations of Kaloji Narayana Rao University of Health Sciences, government orders and all instructions issued by the University/College from time to time.

3. The Parent/Guardian undertakes to Monitor the conduct and activities of the student and extend full cooperation to the college and the University in maintaining a drug-free campus and preventing drug- related activities.

4. We understand that any involvement of the student in drug-related activities shell be treated as a serious act of misconduct and may result in disciplinary action, including suspension, cancellation of admission, expulsion from the institution, withholding of certificates, and or initiation of legal proceedings under the applicable laws, without prejudice to any other action that may be taken by the competent authorities.

5. We further declare that the information furnished herein is true and correct to the best of our knowledge and belief, and we agree to abide by this undertaking throughout the period of study.

Name of the Student:	Name of Parent/Guardian:
NEET Roll No:	Relationship with Student:
Course:	Address:
College:	Mobile No.
Academic Year:	
Signature of the Student	Signature of the Parent / Guardian
Place	
Date:	

List of Certificates to be verified

Sl. No.	Certificates
1	Birth Certificate (SSC) Marks Memo) (Mandatory)
2	Intermediate or Equivalent Marks Memo (Mandatory)
3	Bonafide/Study Certificates – 9^{th} to 12^{th}
4	Allotment Letter (To verify with allotment list notified by the University)
5	MBBS Degree Certificate (Mandatory)
6	MBBS Study Certificate (Mandatory)
7	Compulsory Rotatory Internship Certificate (Mandatory)
8	Permanent Medical Registration from the respective State Medical Council (Mandatory) (Principal should inform the admitted candidates to obtain Permanent Medical Registration from Telangana Medical Council.)
9	Candidate who is regarded as a Local Candidate for the purpose of admission to undergraduate (MBBS) in the state of Telangana but has studied in a state wide institution outside the state of Telangana shall produce relevant Bonafide certificates to be regarded as local candidate (Mandatory)
10	Social Status Certificate (Permanent Caste Certificate) (if applicable)
11	Service Certificate (in case of in-service candidates0 (Mandatory)
12	NEET PG 2026 Admit Card
13	NEET PG 2026 Score Card (Mandatory)
14	Minority Certificate (if Applicable)
15	Bonds as notified in the prospectus
16	Transfer Certificate
17	Migration Certificate
18	Aadhar card xerox

SIGNATURE OF CERTIFICATES
VERIFICATION OFFICER

Principal&Addl.DME
Govt.Medical College,
Nirmal

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506002	GOVERNMENT MEDICAL COLLEGE, NIRMAL Phone No. Email ID: gmc.nirmal@gmail.com	

DETAILS OF THE CANDIDATE ADMITTED INTO PG (MD/MS & DIPLOMA) COURSE FOR THE ACADEMIC YEAR 2026-27

Sl. No.	NEET Rank	NEET Roll No.	KNRUHS Merit

Student Name (Block Letters, AS PER MBBS CERTIFICATE) :	
Father's Name:	
Address:	
Category/Caste	Local/Non-Local
	DOB (DD/MM/YYYY
AWARD (DEGREE/DIPLOMA):	SERVICE/NON-SERVICE:
Qualifying Examination Board: NBEMS, NEW DELHI	Allotted Quota (AIQ,C1,MQ):
Allotted Course:	Allotted Region:
Allotted Details as per KNRUHS Allotment Letter:	
Site/College Code: 024	
College Name as per Letter head:	
Name of the Institution last studied:	
Date of Completion of Internship:	
Mobile Number (10 Digits Only) self: Mobile Number (10 Digits Only) Parent:	
Email ID:	
Adhaar Number:	
Total Marks Obtained in Eligibility Exam:	Maximum Marks in Eligibility Exam"
Identification Marks (As per SSC/Birth Certificate)	1) 2)
Signature of the Candidate	Signature of the Principal along with the Official Seal