ARUNDATHI INSTITUTE OF MEDICAL SCIENCES

Beside MLRIT College, Dundigal, Gandimaisamma, Hyderabad - 500043.

Important Points

- ➔ **Mode of Fee Payment is only Demand Drafts**
- ➔ **All Original certificates will be verified by Admission Committee comprising of 3Professors**
- ➔ **Certificates Verification Timings are from 9:30 AM to 3 PM only**

CHECKLIST A Cat

The following Original Certificates	
1	APPLICATION FEE : Rs. 1000/-
2	TUITION FEE for A-CATEGORY is 60,000/+ Miscellaneous - 40000/- "ARUNDATHI INSTITUTE OF MEDICAL SCIENCES" payable at HYDERABAD ACCOUNT DETAILS ACCOUNT NAME: ARUNDATHI INSTITUTE OF MEDICAL SCIENCES NAME OF THE BANK: KOTAK MAHINDRA BANK ACCOUNT NUMBER: 5946024233 IFSC CODE: KKBK0007530 BANK BRANCH: BOWENPALLY
3	ALLOTMENT ORDER
4	RECEIPT OF CERTIFICATE VERIFICATION
5	NEET RANK CARD
6	NEET HALL TICKET
7	SSC MARKS MEMO
8	INTER LONG MEMO
9	TRANSFER CERTIFICATE
10	STUDY/BONAFIDES IX CLASS TO XII
11	GAP CERTIFICATE (IF MORE THAN 3 YEARS ONLY)
12	CASTE CERTIFICATE (MEESEVA - LATEST)
13	INCOME CERTIFICATE (MEESEVA - LATEST)
14	KNRUHS DISCONTINUATION BOND(Rs.100/-Stamp Paper with Notary)
15	AIMS COLLEGE FEE BOND(Rs.100/-Stamp Paper with Notary)
16	ANTI - RAGGING AFFIDAVIT (Rs.20/-Stamp Paper with Notary)
17	KNRUHS UNDERTAKING BOND OF GENUINITY OF ORIGINALS (Rs.100/-Stamp Paper with Notary)
18	AADHARCARD (XEROX COPY)
19	2 SETS OF XEROX COPIES WITH SELF ATTESTATION ARE TO BE SUBMITTED AT THE TIME OF ADMISSION.
20	COLOUR PASSPORT SIZE WITH NAME-10 NOS.

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAIKNG IN THE FORM OF AFFIDAVIT

(ON NON-JUDICIAL STAMP PAPERS OF RS.100/-WITHNOTARY)

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2025-26

I,_____(Name of the candidate) S/o,D/o_____(Name of the parent), Selected for MBBS/BDS Course do hereby undertake to complete the course as per the requirement of KNR University of Health Sciences, Telangana, Warangal. In the event of my discontinuing the studies after joining the course after the date for free exit, I under take to pay KNR University of Health Sciences, a sum of Rs.20,00,000/- (Rupees Twenty lakhs only).

Signature of the candidate

I,_____(Name of the parent), parent of Mr/Ms._____(Name of the candidate), do hereby under-take to pay KNR University of Health Sciences, a sum of Rs.20,00,000.00/- (Rupees Twenty lakhs only). In case of discontinuation of MBBS Course after joining after joining after the date for free exit by my son/daughter.

Signature of the Parent

Witnesses:

1)

2)

AIMS FEE BOND

MBBS ADMISSIONS 2025-26

PROFORMA FOR BOND MBBS (Rs.100/- STAMP PAPER with NOTARY)

I, Mr/Ms._____S/o/D/o:_____selected for MBBS Course under_____(A/B/C)Category and reported on_____and taken admission in Arundathi Institute of Medical Sciences, Dundigal, Hyderabad, Telangana do hereby undertake to complete the course as per the requirements of KNR University of Health Sciences and Arundathi Institute of Medical Sciences. In the event of my discontinuing the studies after closing of UG admissions 2025-26, I undertake to pay the complete course fee to Arundathi Institute of Medical Sciences.

Signature of the Candidate

I, Mr/Mrs._____ parent of Mr/Ms._____do hereby undertake to pay Arundathi Institute of Medical Sciences, the complete course fee (Five Years) in case of discontinuation of MBBS Course after closing of UG admissions 2025-26 by my Son/Daughter.

Date: **Signature of Parent**

Witness Signatures

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

Rs.20/-STAMP PAPER

ANTI-RAGGING BOND

(AS PER JUDGEMENT OF HONOURABLE HIGH COURT, TELANGANA FORM–III)

(UNDERTAKING BY CANDIDATE/PARENT ON RAGGING)

UNDERTAKING OF CANDIDATE

I, Mr/Mr._____with NEET–2025 Rank_____
Son/Daughter of if admitted into any course of KNR University of Health Sciences,Warangalinthe academic year 2025-26assurethat

I will not indulge in the act of ragging of indiscipline during study period in the colleges affiliatedtothisUniversity.If violated,theuniversity/collegeauthoritiesmay takeappropriate actionagainstme.

SIGNATUREOFTHECANDIDATE

_____

NAMEOFTHECANDIDATE:

NAMEOFTHEPARENT/GUARDIAN:D

ATE:

UNDERTAKINGOFCANDIDATE'SPARENT

I, Sri./Smt. _____ Father/Mother of Mr./Ms._____who is admitted into_____course of KNR University of Health Sciences, Warangal in the academic year2025-26 assure that my son/daughter will not indulge in the act of ragging at any stage during his/her during study period in the colleges affiliated to this University. If violated, I may also be liable for any type punishmentalongwithmyson/daughter.

SIGNATURE OFTHEPARENT:FATHER/MOTHER_____

NAMEOFTHE

FATHER/MOTHER:DATE:

ADDRESSWITH PH.NO.:

GENUINITYBOND

PROFORMA FOR UNDETAKING IN THE FORM OF

AFFIDAVIT(ON NON-JUDICIALSTAMPPAPERSOFRS.10O/-

WITHNOTARY

UNDERTAKING

I,……(Candidatename)S/o/ D/o .....
bearingUGNEET2023RankNo.....

And

I,……(ParentName)F/o. ……bearing UG NEET2025 Rank No……

here by give an understand as below,in connection with our claim with regard to certificates submitted for admission intoUG Medical Courses for the Academic Year 2025-26 in Colleges affiliated to KNR University of Health Sciences.We,here by 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,fortheabovereasons.

SignatureoftheParent/Guardian **SignatureoftheCandidate**

AadharNo.:

Address:

Date: **Place:**