OFFICE OF THE DIRECTOR

RAJIV GANDHI INSTITUTE OF MEDICAL SCIENCES (RIMS) ADILABAD

CHECK LIST CUM RECEIPT OF CERTIFICATES FOR UG/MBBS ADMISSION 2025-26

Name of the Candidate_____S/o D/o_____

NEET Rank_____NEET Roll No. _____ Date of Reporting _____

Sl. No.	Certificate	Yes/No	Received in Original /Xerox
1	NEET UG Provisional Admission Order 2025-26		
2	NEET UG Admit Card 2025-26		
3	NEET UG Rank Card 2025-26		
4	SSC or equivalent examination containing the Date of Birth		
5	Memorandum of marks of qualifying examination i.e. Intermediate or Equivalent examination		
6	Study certificates from 1st to 10th		
7	Study certificates - Intermediate or Equivalent for two years		
8	Transfer certificate of Qualifying Examination (Intermediate or Equivalent		
9	Permanent caste certificate (Intermediate Community certificate) claiming reservation under BC/SC/ST categories issued by competent authority		
10	Minority certificates issued by the concerned Department		
11	EWS certificate issued for 2025-26 for claiming reservation under EWS categories issued by competent authority (Tehsildar) of State of Telangana		
12	Latest Parental Income Certificate (if applicable)		
13	NCC Certificate (if applicable)		
14	CAP Certificate (if applicable)		
15	PMC Certificate (if applicable)		
16	Anglo Indian Certificate (if applicable)		
17	PWD Certificate (if applicable)		
18	Residence Certificate of the candidate or either parent issued by MRO / Tahsildar of Telangana /AP for a period of 10 Years (Period to be specified with exact month and Year Excluding the period of study / Employment outside the state (if applicable)		
19	Employment certificate of parent (for Non-Local Status)		
20	Aadhar Card		
21	**Undertaking on Rs.100/- stamp Paper for Rs.20 Lakh** fro discontinuation of course (Notary Bond)		
22	**Undertaking on Rs.100/- stamp Paper** (Genuinity of certificates)		
23	Candidate latest Pass Port Size Photos- 6 No's		
24	All Certificates in Xerox with self-attestation (2 Sets)		
25	Print out of the filled in Online Application Form		
26	**GAP Certificate** (if applicable) issued by MRO/ tehsildar		
27	Equivalency Certificate (if applicable)		
28	Fee DD( ) No		
29	Migration Certificate		

Note:- 1.Candidate has to be present in person, 2. Custodian Certificates are not allowed

Remarks:-

Remarks if any :-

Signature of the Verification Committee:

1.

2.

3.

4.

Director

RIMS, Adilabad

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

(ON NON-JUDICIAL STAMP PAPERS OF RS 100/ WITH NOTARY)

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 under take 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 or after the date of announcement of second phase of admissions, I under take to pay KNR University of Health Sciences, a sum of Rs 20,00,000/ (Rupees Twenty lakhs only) and I am aware that I will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of Rs.20,00,000/- (Rupees Twenty lakhs only) towards forfeiture of the bond in accordance to the 6.0.Ms No 125,126 and 127 HM&FW Dept Dated: 22.09 2022

Signature of the candidate

I _____(Name of the parent), parent of Mr/Ms_____(Name of the candidate), do here by under-take to pay KNR University of Health Sciences, a sum of Rs.20,00,000/- (Rupees Twenty lakhs only) in case of discontinuation of MBBS Course after joining or after the date of announcement of second phase of admissions by my son/daughter and I am aware that my son/daughter will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of Rs 20,00,000/-(Rupees Twenty lakhs only) towards forfeiture of the bend in accordance to the G.O. Ms. No. 125.126 and 127 HM&FW Dept. Dated: 22.09.2022

Signature of the Parent

Witnesses:

1)

2)

PROFORMA UNDERTAKING IN THE FORM OF AFFIDAVITION

NON-JUDICIAL STAMP PAPERS OF RS. 100/-)

UNDERTAKING

I…… (Candidate Name)

S/o/D/o……bearing UG NEET 2025 Rank No/……

And

I,……(Parent Name)

F/o …… bearing UG NEET2025 Rank No……

here by Give an undertaking as below, in connection with my claim with regard to certificates submitted for admission into UG Medical and Dental Courses for the academic year 2025-26 in colleges affiliated to KNR University of Health Sciences. Warangal. We hereby declare that all our certificates as genuine.

I am aware that, if the relevant certificate (s) submitted 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 the Rules and Regulations of KNR University of Health Sciences, Warangal

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

Signature of the Parent/Guardian

Name:
Aadhar No.
Address in full:

Date:

Signature of the Candidate

Name:
Aadhar No.
Address in full:

Places:

Form – I (TO BE FILLED IN BLOCK LETTERS)

[See sub-clause (a) of clause(i) and sub-clause(A) of clause (ii) of sub regulation (2) of regulation 7]

FORMAT OF UNDERTAKING BY THE STUDENT

1. I_____Son/Daughter of Mr./Mrs./Ms_____ _____ admitted to the course of MBBS at Rajiv Gandhi Institute of Medical Sciences, Adilabad with _____ Admission number affiliated to Kaloji Narayana Rao University of Health Sciences, have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations, 2021 (Herein after referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations 3. And 4. of the said regulations and have fully understood what constitutes – ragging.

4. I have also in particular perused the provisions of chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or a betting ragging actively or passively or being part of a conspiracy to promote ragging.

5. I hereby undertake that____

(i). I will not indulge in any behaviour or act that may come under the definitions of ragging as may be constituted under regulation 3. of the said regulations.

(ii). I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3. of the said regulations. (iii). I will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.

7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admissions is liable to be cancelled/ withdrawn.

Signed on this _____day of _____month of _____year.

Signature

Name of the Student

Address

Phone no.

Witness I
Name and Signature
Address

Witness II
Name and Signature
Address

Form – II (TO BE FILLED IN BLOCK LETTERS)

[See sub-clause (b) of clause(i) and sub-clause(B) of clause (ii) of sub regulation (2) of regulation 7]

FORMAT OF UNDER TAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1.I_____Father/Mother/Guardian of Mr./Mrs./Ms_____ admitted to the course of MBBS at Rajiv Gandhi Institute of Medical Sciences, Adilabad with_____ Admission number affiliated to Kaloji Narayana Rao University of Health Sciences, hereby declare that, I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations, 2021(Herein after referred to as the said regulations).

2. I have carefully read and fully understood the provisions in the said regulations.

3. I have particularly perused the provisions of regulations 3. And 4. of the said regulations and have fully understood what constitutes – ragging.

4. I have also in particular perused the provisions of chapter IV and read and understood the administrative and penal actions that may be taken against my son / daughter / ward in case he / she is found guilty of ragging or a abetting ragging actively or passively or being part of conspiracy to promote ragging.

5. I hereby undertake that my son / daughter / ward

(i). Will not indulge in any behavior or act that may come under the definitions of ragging as may be constituted under regulation 3. of the said regulations.

(ii). Will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3. of the said regulations.

(iii). Will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that my son / daughter / ward is found guilty of any aspect of ragging, he / she may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.

7. I also declare that he / she have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if these declaration is incorrect or false, his / her admissions is liable to be cancelled/ withdrawn.

Signed on this _____day of _____month of _____year

Signature

Name of the Parent

Address

Phone no.

Witness I

Name and Signature

Address

Witness II

Name and Signature

Address

GOVERNMENT OF TELANGANA STATE

RAJIV GANDHI INSTITUTE OF MEDICAL SCIENCES (RIMS) ADILABAD

2025-26 **MBBS BATCH STUDENT BIODATA**

FULL NAME :

DATE OF BIRTH :

GENDER :

SOCIAL STATUS (CASTE& SUB CASTE) :

NEET RANK :

NEET ROLL NO/ HALL TICKET NO :

DATE OF COUNSELLING :

NAME OF THE COURESE/SUBJECT :

DATE OF REPORTING :

SEAT ALLOTTED CATEGORY :

PHYSICALLY HANDICAPPED : YES /NO

ADHAAR CARD NO :

E-MAIL I.D. OF STUDENT (**PERMANENT**) :

IDEANTIFICATION MARKS : 1)

2)

NAME OF THE FATHER :

OCCUPATION OF FATHER :

ANNUAL INCOME :

PHONE NO :

EMAIL ID :

NAME OF THE MOTHER :

OCCUPATION OF MOTHER :

ANNUAL INCOME :

PHONE NO :

EMAIL ID :

PERMANENT ADDRESS :

PRESENT ADDRESS :

Marks obtained/Max marks in **10+2 (PCB) (physics+chemistry +Botany+Zoology)**	Percentage of **10+2(PCB)**	Marks obtained/ Maximum marks in **English** (10+2)	Percentage of **English**(10+2)	Marks obtained/ Maximum marks in **Entrance Exam** (NEET) 2025-26	RANK OBTAINED IN NEET · 2025

SIGNATURE OF PARENT

RESIDENCE PH.NO.

SIGNATURE OF STUDENT

CELL No(Permanent):

Government of Telangana

RAJIV GANDHI INSTITUTE OF MEDICAL SCIENCES (RIMS) ADILABAD

UG MBBS ADMISSION 2024-2025

1. ALL ORIGINAL CERTIFICATES AS TO BE SUBMITTED AS PER CHECK LIST AND TWO SETS OF XEROX CERTIFICATES WITH SELF ATTESTATION SHOULD ALSO BE SUBMITTED.
2. Pass Port size PHOTO'S - 6 No's
3. College fee DD should be taken in the favour of "**DIRECTOR, RIMS, ADILABAD" PAYABLE AT, ADILABAD** as detailed below,

   SC and ST Category Students – Rs. 27,000/-

   BC and open Category Students - Rs. 29,000/-
4. Additional **DD for Rs.12,000/-** infavour of "**THE REGISTRAR, KNRUHS, WARANGAL" PAYABLE AT WARANGAL** for **All India Quota Students Only**
5. Candidates who are willing to stay in the Hostel should submit another DD for Rs. 23,000/- in the favour of **"CHIEF WARDEN, RIMS, ADILABAD" PAYBLE AT ADILABAD.**

Note : All the above DD's should be taken from any Nationalized Bank.

6. S**ubmission of Bonds**

   a. Undertaking on Non Judicial Stamp Paper of Rs. 20/-

   b. A Bond has to be submitted on Rs.100/- Non Judicial Stamp Paper for Rs. 20,00,000/- (Rupees twenty Lakhs Only) towards discontinuation of the course.

Director,
RIMS- Adilabad