CHALMEDA ANAND RAO INSTITUTE OF MEDICAL SCIENCES,
Bommakal, Dist. Karimnagar – (T.S.) – 505 001,
Contact numbers: 0878-2285565, 9491398688

Sl.No.	NAME OF THE CERTIFICATE
1	Original Allotment Letter (KNRUHS, Warangal)
2	NEET UG Entrance Hall Ticket (copy)
3	NEET UG Entrance Rank Card(copy)
4	S.S.C./ CBSE
5	Intermediate Certificate (10+2)
6	Study Certificates VI class to Intermediate
7	Transfer Certificate,
8	Caste Certificate
9	Migration Certificate
10	Certificates genuine Bond
11	Course Discontinue Bond (Rs. 20,00,000/-)
12	Anti-Ragging Bonds
13	Aadhar Card (Parent and Student)
14	PAN Card Father & PAN Card Student, **Passport size PHOTOS -10**
15	**Undertaking for Bank Guarantee for B and C category**
16	**All Documents three sets – 3(Xerox) and**
	All Documents Soft Copy
	NRI Documents as Required for KNRUHS, Warangal
	i) NRI Sponsorship certificate (DECLARATION Form)
17	ii) NRI status certificate of the financial supporter issued by embassy of respective country under their seal.
	iii) Copy of NRI Bank account pass book of the financial supporter
	iv) Copy of Pass port of NRI financial supporter
	FEE RS: A – CATEGORY – 1, 40,000/-
	B - CATEGORY - 13,80,000/-

DD. IN FAVOUR OF: CHALMEDA ANAND RAO INSTITUTE OF MEDICAL SCIENCES, Payable at Karimnagar

DISCONTINUATION BOND KNRUHS

PROFORMA FOR UNDERTAIKNG 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 G.O.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.20,00,000.00/- (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 bond 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 FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPERS OF RS. 100/-
U N D E R T A K I N G

I,_____(Candidate name) S/o / D/o _____bearing UG NEET2025 Rank No._____ and I, _____(Parent name) F/o _____, bearing UG NEET 2025 Rank No _____hereby give an undertaking as below, in connection with our 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. 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.

Signature of the Parent / Guardian **Signature of the Candidate**
Aadhar No.

Address :
Date: Place:

NOTARY

FORM – I

FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____(Full Name in Block Letters) Son / Daughter of Mr/Mrs._____(Full Name in Block Letters) admitted to the course of _____(Name of the Course) with Admission No._____at CHALMEDA ANAND RAO INSTITUTE OF MEDICAL SCIENCES, BOMMAKAL, KARIMNAGAR (Name of College /Institution affiliated to KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, WARANGAL (Name of University) have received to copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021 (hereinafter referred to as the said regulations).
2. I have carefully read and fully understood the provision 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 particulars 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 of 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 behavior or act that may come under the definition 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 or ragging, I May be punished as per 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 of false, my admission is liable to be cancelled / withdrawn.

Signed on this the _____day of _____month of _____year

_____

Signature

Name & Address, Cell No:

Signature of Witness 1:
(Name of the Witness and Address)

Signature of Witness 2:
(Name of the Witness and Address)

FORM – II

FORMAT OF UNDERTAKING BY PARENT / GUARDIAN OF THE CANDIDATE / STUDENT

1. I _____(Full Name in Block Letters) Father / Mother/Guardian of Mr/Mrs_____Full Name in Block Letters) admitted to the course of _____(Name of the Course) with Admission No._____at CHALMEDA ANAND RAO INSTITUTE OF MEDICAL SCIENCES, BOMMAKAL, KARIMNAGAR (Name of College /Institution affiliated to KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, WARANGAL (Name of University) Is 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 (hereinafter referred to as the said regulations).
2. I have carefully read and fully understood the provision 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 particulars 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 of abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
5 I hereby undertake that my Son / Daughter / Ward _____
    1. Will not indulge in any behavior or act that may come under the definition of ragging as May be constituted under regulation 3 and 4 of the said regulations:
    2. 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 and 4 of the said regulations:
    3. Will not hurt anyone physically or psychologically or cause any other harm.

6. I hereby agree that if my son/ daughter ward is found guilty of any aspect or ragging, he / she may be punished as per provisions of the said regulations or as per the applicable laws for the time being in force.
7 I also declare that he/ she has never been found to be guilty of ragging or abetting ragging actively or passively, or being part of conspiracy to promote ragging and have been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his / her admission is liable to be cancelled / withdrawn.

Signed on this the _____day of _____month of _____year

_____

Signature

Name & Address, Cell No:

Signature of Witness 1:

(Name of the Witness and Address)

Signature of Witness 2:

(Name of the Witness and Address)