FATHER COLOMBO INSTITUTE OF MEDICAL SCIENCES
Warangal

STUDENTS CHECK LIST

1. Allotment Order AIQ/KNRUHS
2. NEET UG Rank Card/Score Card.
3. NEET UG Hall Ticket/Admit Card.
4. NEET Provisional Verification Report.
5. Birth Certificate (SSC MARKS MEMO).
6. Qualifying Exam Certificate (**Intermediate Marks Memo OR Equivalent – Grade Certificate**).
7. Study Certificates from 6th to 10thStandard (**Study and Conduct /Character Certificate.**)
8. Intermediate Study Certificate (10+2).
9. Transfer Certificate.
10. Latest Caste Certificate (**If Applicable**) with Father Name.
11. Minority Certificate – Muslim only (**If Applicable**).
12. Economically Weaker Section (**EWS**) Certificate.
13. Latest Parental Income Certificate.
14. Residence Certificate of the Candidate or either parent issued by MRO/Tahsildar of Telangana/AP for a period of Ten Years.
15. Discontinuation Bond (**On Rs.100/- Non-Judicial Stamp Paper & Notarized**).
16. To be Filled by Two Sureties (Certified by Notary)
17. Genuinity Bond (**On Rs.100/- Non-Judicial Stamp Paper & Notarized**).
18. Form I (**affidavit by student**)
19. Form II **(affidavit by parent/guardian).**
20. **Bank Guarantee of Rs. 11,55,000/- for the next academic year. (only for 'B' Category).**
21. Candidates claiming **'C' (NRI) Category** quota seats should submit the following documents from a Blood relative such as Father/Mother/Brother/ Sister/Uncle/Aunt only and should submit a declaration to that effect.
    a) NRI Sponsorship Certificate (Declaration Form)
    b) NRI status Certificate of the financial supporter issued by embassy of respective country under their seal.
    c) Copy of NRI Bank Account Passbook of the financial supporter.
    d) Copy of Passport of NRI financial supporter (first and last page)
22. Gap Certificate issued by **MRO/Tahsildar.**
23. Equivalency Certificate **ONLY FOR AIQ STUDENTS** (To be Obtained from Board of Intermediate Education).
24. All the Above Certificates **(03 Sets Xerox).**
25. Candidate's Recent Passport Size Photographs-08 Nos**.**
26. Demand Draft-No_____ Date _____ Rs. _____

Sd/-
Principal.

- Bring two DDs (1) For Rs. 60,000/- in favour of **FATHER COLOMBO INSTITUTE OF MEDICAL SCIENCES** payable at Warangal.

  (2) For Rs. 75,500/- in favour of **FATHER COLOMBO INSTITUTE OF MEDICAL SCIENCES** payable at Warangal.

Form - I
FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____ (Full name in BLOCK LETTERS). _____ _____ Son/Daughter Mr./Mrs./Ms. _____ (Full name in BLOCK LETTERS) _____ admitted to the course of (_____ _____) at Father Colombo Institute of Medical Sciences, Warangal 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 abetting ragging actively or passively or being part of 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 tagging 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 1
Name and Signature
Address

Witness 2
Name and Signature
Address

Form-II

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

1. I _____ (Full name in BLOCK LETTERS). _____ _____ _____ Father/Mother/Guardian of Mr./Mrs./Ms. _____ _____ (Full name in BLOCK LETTERS) _____ admitted to the course of (_____ _____) at Father Colombo Institute of Medical Sciences, Warangal 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 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 behaviour 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 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 tagging 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 Parent/Guardian
Address

Phone No.

Witness 1
Name and Signature
Address

Witness 2
Name and Signature
Address

KNRUHS DISCONTINUATION BOND

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 2025-56

I, Mr/Ms _____
S/o/D/o _____ selected for MBBS Course do hereby undertake to complete the course as per the requirements 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 undertake 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, Mr/Mrs. _____ parent of Mr/Ms _____ do hereby undertake to pay to KNR University of Health Sciences, Telangana a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only) in case of discontinuation of MBBS Course after joining 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.

Date: Signature of Parent

Witness:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

BOND (TO BE FILLED BY TWO SURITIES)

(Certified by Notary)

(1.) In consideration of the Surety Bond executed by the student (Mr./Ms. _____ Son of/ daughter of _____resident of _____ in favour of The Registrar, KNRUHS, Warangal and the Principal of Father Colombo Institute of Medical Sciences, Warangal to a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only)

I _____ hereby stand as surety, jointly and severally, for the payment 'of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only). I, the said surety, shall, without any objection, pay the said due amount to the Father Colombo Institute of Medical Sciences, Warangal on demand.

I the said, surety do solemnly affirm that I am solvent to the extent of the amount of surety and I have been regularly filing income tax return.

Signature .....
Name of the Surety .....
Present Address: .....
....Pin .....
Present Address: .....
....Pin .....
Aadhaar No .....
PAN No .....
Mobile No .....

(2.) In consideration of the Surety Bond executed by the student Mr./Ms. _____ _____Son of/daughter of _____ resident in favour of The Registrar, KNRUHS, Warangal and the Principal of Father Colombo Institute of Medical Sciences, Warangal to a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only).

I _____ hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only). I, the said surety, shall, without any objection, pay the said due amount to the Father Colombo Institute of Medical Sciences, Warangal on demand.

l the said surety do solemnly affirm that I am solvent to the extent of the amount of surety and I have been regularly filing income tax return

Signature .....
Name of the Surety .....
Present Address: .....
....Pin .....
Present Address: .....
....Pin .....
Aadhaar No .....
PAN No .....
Mobile No .....

Sureties by Income Tax Payees/ Gazetted Officers only.

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

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

UNDERTAKING

I, _____ S/o/D/o _____ _____ bearing UG NEET 2025 Rank No _____ and I, _____ _____ (Parent name) F/o,/M/o./G/o. _____ _____ (Candidate name), 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 Course 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: