THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED AT THE TIME OF ADMISSION:

1. Provisional Allotment Order
2. NEET Hall Ticket
3. NEET Rank Card
4. SSC Pass Certificate (Date of Birth Reference)or its equivalence
5. 12th /Intermediate or equivalence Pass Certificate
6. Study and Conduct Certificate VI to X
7. Study and Conduct Intermediate/12th
8. Transfer Certificate
9. Migration
10. Latest Caste Certificate with father name
11. Residential Certificate of candidate or parent issued by MRO/Tahsildar of Telangana /A.P for period of 10 years (period to be specified with exact month and year) excluding period of study or employment out side the state(Local/Non-Local)
12. Minority certificate (if applicable).
13. EWS Certificate for the year 2026-27 issued by Tahsildar of state of Telangana (If applicable).
14. NCC certificate / CAP certificate / PMC certificate / Anglo Indian Certificate (if applicable).
15. PWD certificate (If Applicable) **certificate issued this year by the medical board of Medical counseling committee authorized centres.**
16. D.D infavor of**"THE REGISTRAR, KNRUHS, WARANGAL")** Fee Rs. 12000/- (All India Quota)
17. College Fee **D.D** in favor of **"The Principal Government Medical College Nizamabad"**Amount of Rs.29,000/-(OC,BC) and Rs.27,000/-(SC,ST).
18. 4 Passport Size Photos
19. Aadhaar Card Xerox Copy
20. Form I & II
21. GAP certificate (if Applicable)
22. Undertaking in the form of Affidavit on Rs.100 Non Judicial stamp paper by the parent and candidate stating that all the certificates including the caste and category certificates are genuine and they are responsible for any further consequences as per law shall be submitted at the time admission. If any discrepancy is noticed, the admission will be cancelled.
23. Bond of Rs.20,00,000/-(Rupees Twenty Lakhs).
24. 2 sets of Copies of All certificates and Bonds.
25. Processing charges Rs. 2000/- (Two Thousand Only) in case of candidates sliding to other college, in subsequent rounds, uniform processing charges to be deducted and the remaining amount is to be refunded to the candidate.
26. Preferred mode of payment for the candidates who are willing to participate in the subsequent rounds of counselling in Demand Draft for both University and college fee, to avoid delay in refund process.

The above certificates will not return to him/her unless he/she completes the course as norms of KNR University of Health Sciences ,Warangal ,Telangana State.

GOVERNMENT MEDICAL COLLEGE:NIZAMABAD:NEET–2026 MBBS BATCH 2026
PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON:_____

Should be filled by the candidate own hand writing:

1.Full Name of the Candidate :
(In block letters as per Intermediate Certificate)

2. Date of Birth and Age(Asper SSC Certificate) :

3.Gender :

4.Name of Father :

5.Occupation, Literacy Status of Father :

6.Name of the Mother :

7. Occupation, Literacy Status of Mother

8.TemporaryAddress :

9. Permanent Address

10. Parents Phone No.

(O)
(R)
(Mobile)

11. Contact Details of Guardian / Phone No : :

12.Name of the college where the candidate
Last studied (Inter 2nd year or+2) :

13.Number of attempts of NEET / Local status :

14.Any significant medical history (epilepsy /Heart disease :
/ Any condition under treatment, etc.,)

15. Hobbies/Special talents :

Signature of the Parent / Guardian

Form–I

FORMA TO FUNDERTAKING BY THE STUDENT

1. I_____(*Full name in BLOCK LETTERS*)_____Son/Daughter of Mr./Mrs./Ms_____(*Full name in BLOCK LETTERS*)__ admitted to the course of_____)at Government Medical College Nizamabad with _____ At Government Medical College Nizamabad 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, 2023 (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.And4. 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 guislty of ragging or a abetting ragging actively or passively or being part of conspiracy to promote ragging.
5. Ihere by under take that
   (i). I will not in dulge in any behavior or act that may come under the definitions of ragging as may be constituted under regulation3.of the said regulations.
   (ii). I will not participate in or a bettor propagate ragging in any form included but not limited to those that may be constituted under regulation3.of the said regulations.
(iii). I will no thurt any one 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 inforce.
7. I also declare thatI 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,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

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

1. I_____(*Full name in BLOCKL ETTERS*)_____Father/Mother/Guardian of Mr./Mrs./Ms_____(*Full name of Student in BLOCK LETTERS*)_ _admitted to the course of_____)at Government Medical College, Nizamabad with_____Admission number affiliated to Kaloji Narayana Rao University of Health Sciences, hereby declare that, I have received a copyof 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 here by undertake that my son/daughter/ward
   (i). Will not in dulge 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 regulation3. of the said regulations.(iii).Will not hurt anyone physically or psychologically or cause any other harm.
6. Ihere by 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 a betting 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 /Guardian
Address

Phone no.

Witness I
Name and Signature
Address

Witness II
Name and Signature
Address

KNRUHS GENUINITY BOND PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

I, _____ (candidate name), S/o / D/o _____, bearing UG NEET 2026 Roll No _____, UG NEET 2026 Rank _____ And

I, _____ (parent/guardian name), F/o _____, bearing UG NEET 2026 Roll No _____, UG NEET 2026 Rank _____

Hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into MBBS/BDS courses for the Academic Year 2026-27 in _____ (college name), affiliated to Kaloji Narayana Rao University of Health Sciences. We, hereby declare that all our certificates are genuine.

Iam 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 Kaloji Narayana Rao 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
Aadhaar No.
Address:

Signature of the Candidate

Date:

Place:

KNRUHS DISCONTINUATION BOND PROFORMA FOR UNDERTAIKNG IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

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 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.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 undertake 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)

DATE: PLACE:

KNRUHS ANTI-DRUG UNDERTAKING PROFORMA FOR ANTI-DRUG UNDERTAKING / 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, possess, procure, manufacture, transport, distribute, sell, purchase, promote or engage in any activity relating to narcotic drugs, psychotropic substances or any other prohibited intoxicating substances 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 Rules made thereunder, 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 shall 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:
NEET Roll No:
Course:
College:
Academic Year:

Name of Parent / Guardian:
Relationship with Student:
Address:
Mobile No.:

Signature of the Student

Signature of the Parent / Guardian

Place:
Date:

Sureties by Income Tax Payees / Gazzetted Officers only.

(TO BE FILLED BY TWO SURITIES)

(1.)In consideration of the Surety Bond executed by the student(Mr./Ms. _____Son of/daughter of _____ resident of infavor of The Registrar, KNRUHS,Warangal and the Principal of Government Medical College, Nizamabad to a sum of Rs.20,00,000/-only(Rupees Twenty lakhs only), I _____here by 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/-only(Rupees Twenty lakhs only),I,the said surety, shall,with out any objection,pay the said due amount to the Government Medical College, Nizamabad 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 incometax return.

Signature.....
Name of the Surety.....
Present Address:.....
.....Pin.....
Permanent 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 of infavor of The Registrar, KNRUHS,Warangal and the Principal of Government Medical College, Nizanabad to a sum of Rs.20,00,000/-only (Rupees Twenty lakhs only), I _____here by 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/-only (Rupees Twenty lakhs only),I,the said surety, shall,with out any objection, pay the said due amount to the Government Medical College, Nizamabad 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.....
Permanent Address:.....
.....Pin.....
Aadhaar No..:.....
PAN No.
Mobile No.:.....

GOVERNMENT MEDICAL COLLEGE : NIZAMABAD
UG/MBBS ADMISSION FEE STRUCTURE (2026-27)

Sl. No.	Description	OC/BC	SC/ST	Frequency
Sl.No	Description	OC/BC	SC/ST	Frequency
01.	Tution Fees	10000-00	10000-00	Yearly
02	CDS	5000-00	5000-00	OneTime
03	E-Library	2000-00	2000-00	Yearly
04	Central Stores	2000-00	2000-00	OneTime
05	Library Fee	2000-00	2000-00	Yearly
06	Caution Deposit	3000-00	3000-00	OneTime
07	Academic Development Fund	3000-00	1000-00	OneTime
08	Non-Government Fund	2000-00	2000-00	OneTime
	Total	29000-00	27000-00	

DEMAND DRAFT IN FAVOUR OF"Collage bank details"FROM ANY NATIONALIZED BANK.

HOSTEL FEE STRUCTURE(2026-2027)

Sl. No.	Description	Amount
01	**Non-Refundable Amount**	**5000-00**
02	**Caution Deposit(Refundable)**	**5000-00**
03	**Rent(1000/-per Month x12 Months**	**12000-00**
04	**Hostel Admission Application Fee**	**1000-00**
Total		**23000-00**

DEMAND DRAFT INFAVOUR OF"College bank details "FROM ANY NATIONALIZED BANK.

University Fees (For AIQ Students Only)

Sl.No	Description	Amount
01	**University Fee(as per university guidelines)**	**12000-00**

DEMAND DRAFT IN FAVOUR OF **"The Registrar, KNR University of Health Sciences, Warangal" PAYABLE AT WARANGAL"**

D.D/s *IN FAVOUR OF*

The Principal Government Medical College
Nizamabad.ACCOUNTNO: **038710100114461**

IFSCCODE: **UBIN0803871**
UNION BANK OF INDIA GODOWN ROAD BRANCH NIZAMABAD

GOVERNMENT OF TELANGANA
REQUISITION FOR IDENTITY CARD
GMC-NIZAMABAD-2026-27

To be filled in BLOCK LETTERS

Name of the Student :

Course:Batch :

Date of Birth :

Blood Group :

AffixPassport SizePhoto

Signature of Student

Full Permanent Address :

with Pin code

MobileNo.

Kindly Issue Identitycard.

Principal

Government Medical College
Nizamabad

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506007	NAME & ADDRESS OF THE COLLEGE Government Medical College,R.P,Road Khaleelwadi,Nizamabad-503001	Photo

DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC YEAR 2026-2027

S.No.:	NEET Rank :	NEET Roll NO :	KNRUHS Merit :
Student Name:			
Father's Name:			Gender:
Address:			
Category/Caste:		Local/Non-Local:	
		DOB (DD/MM/YYYY):	
Qualifying Examination Board:		Allotted Quota (AIQ, CQ, MQ) :	
Allotted Details as per KNRUHS Allotment Letter:			
Site/College Code:			
Mobile Number (10 Digits Only):			
Email ID:			
Aadhaar Number:			
Total Marks Obtained in Eligibility Exam:		Maximum Marks in Eligibility Exam:1000	
Identification Marks (As per SSC/Birth Certificate)	1)		
	2)		
Signature of the Candidate	Signature of the Principal along with the Official Seal		

KNRUHS DETAILS		
1	NEET ROLL NUMBER	
2	NEET RANK	
3	STUDENT NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
4	FATHER NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
5	MOTHER NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
6	GENDER	
7	ADDRESS	
8	DOMICILE STATE OR UT (YOUR NATIVITY OR PERMANENT ADDRESS)	
9	CATEGORY OC SC ST BCA BCB BCC BCD BCE EWS OTHERS FOR CANDIADTES JOINED IN AIQ WHOSE CATEGORY IS OBC- PLEASE SELECT OTHERS IN CATEGORY LIST	
10	LOCALITY OU- (Telangana Region) AU- (Andhra Region) SVU- (Rayalaseema Region) NL- (Non Local)	
11	SERVICE CANDIDATE (YES OR NO) TYPE NO IF YOU ARE UG(MBBS) STUDENT	
12	DOB (DD/MM/YYYY)	
13	ALLOTTED QUOTA:- CQ- COMPETENT AUTHORITY QUOTA AIQ- ALL INDIA QUOTA STRAY	
14	PHASE :- P1 P2 P3- Aka Mop Up P4 P5 P6 STRAY Those Who Got Government Medical College Nizamabad In P1 And Applied For Sliding And Got Government Medical College Nizamabad Again In P2 Must Select P2 Not P1	

15	ALLOTTED LOCALITY LOC- Local UNR- Unreserved Region AIQ- All India Quota	
16	ALLOTTED CATEGORY OC SC ST BCA BCB BCC BCD BCE EWS OBC	
17	ALLOTTED SPL CATEGORY NCC CAP PHO NA NA- NOT APPLICABLE	
18	MOBILE NUMBER (10 DIGITS ONLY)	
19	EMAIL ID(EX: XXXXXX@GMAIL.COM	
20	AADHAR NUMBER (12 DIGITS)	
21	SSC /CBSE /ICSE(X) HALL TICKET NUMBER	
22	SSC /CBSE /ICSE(X) Month and year of pass	