APOLLO INSTITUTE OF MEDICAL SCIENCES AND RESEARCH, HYDERABAD

Name:-_____ **Father's Name:-**_____NEET Rank:_____

Category :- A | **Phase -** | **Date:- _____/_____/2026**

	List of the documents submitted -Checklist	Original	Xerox co pies	Remarks	Status
1	NEET Admit card	1	3	Mandatory	
2	NEET rank/marks sheet	1	3	Mandatory	
3	Allotment letter from KNRUHS	1	3	Mandatory	
4	Original 10th Marks memo/Birth Certificate	1	3	Mandatory	
5	Original 12th/Inter marks memo	1	3	Mandatory	
6	Original Transfer certificate from Inter /12th class	1	3	Mandatory	
7	Original Study and conduct /bonafide certificate from class 9th to 12th class.(Please obtain a certificate from school mentioning class studied and year of studies.Report cards/marks memo/TC is not accepted as study certificate by University)	1	3	Mandatory	
8	Gap in studies certificate (if applicable)	1	3	If applicable	
9	Original Migration Certificate from Inter /12th class (for other state /other board students- state board /CBSE/ICSE/IB)	1	3	Mandatory	
10	Equivalency Certificate (compulsory for other state/other board students-other state board /CBSE/ICSE/IB) -Apply through online on https://tsbie.cgg.gov.in/studentServices.do	1	3	If applicable	
11	Original Income certificate (If applicable)	1	3	If applicable	
12	Original Caste and community certificate (If applicable)	1	3	If applicable	
13	EWS Certificate for the year 2026- 2027 (if applicable)	1	3	If applicable	
14	NCC Certificate (If applicable)	1	3	If applicable	
15	Minority Certificate (if applicable)	1	2	If applicable	
16	Original Residence certificate for the 4 years preceding the qualifying exam	1	3	If applicable	
17	Original Mother or Father Govt Service certificate/CAP certificate (if applicable)	1	3	If applicable	
18	KNR Univeristy - Fees bond of 20,00,000/-	1	3	Mandatory	
19	Original certificate genuineness underatking bond	1	3	Mandatory	
20	Drug Abuse Bond	1	3	Mandatory	
21	Anti ragging bond undertaking by Student & Parent	1	3	Mandatory	
22	College fees payment bond	1	3	Mandatory	
23	Self Attested Aadhar card of student , Mother & Father	-	4	Mandatory	
24	Passport size photographs of the students	12	-	Mandatory	
25	Two DD in favour of "Apollo Institute of Medical Sciences and Research" payable at Hydrabad Tuition Fee - Rs: 60,000 Other Fee for Insurance, Record books, Sports & Culturals, Student mandate material, etc- Rs: 50,000				

	DD No. -	DD Date:-	Amount:-	Receipt No.:-
	1) **2)**			

***Student Signature** *** Parents Signature** ***Coordinator Signature**

Issued to student -

1) Fees Receipt 2) Joining Report 3) Acknowledgement of original documents

APOLLO INSTITUTE OF MEDICAL SCIENCES AND RESEARCH,HYDERABAD

Instructions	
1	Please submit all the mentioned documents in the given order only.One set of Original documents and 3 other set of xerox to be submitted in the same order at the time of the admission.On each 4 set of NEET admit card paste the photograph of student and student's sign,thumb impression and parents sign in the given space.Please keep all 4 sets (One original set and 3 xerox copies set in separate cover)
2	**Equivalency Certificate (compulsory for other state/other board students-other state board /CBSE/ICSE/IB) -Apply through online on https://tsbie.cgg.gov.in/studentServices.do**
3	All original copy of bonds and its 3 sets of xerox to be submitted at the time of admission along with the 3 xerox copies
4	Please arrange all the documents in the given order only .
5	Please write student name and batch 2026 on the backside of each photograph.Please submit the 12 photographs in a small cover/pouch.On cover/pouch also mention the name of the candidate and Batch 2026.
6	Student must sign on all the xerox copies set including bond xerox

APOLLO INSTITUTE OF MEDICAL SCIENCES AND RESEARCH, HYDERABAD

Name:-_____ **Father's Name:-**_____NEET Rank:_____

Category :- A | **Phase -** | **Date:- _____/_____/2025**

	List of the documents submitted -Checklist	Original	Xerox copies	Remarks	Status
1	NEET Admit card	1	3	Mandatory	
2	NEET rank/marks sheet	1	3	Mandatory	
3	Allotment letter from KNRUHS	1	3	Mandatory	
4	Original 10th Marks memo	1	3	Mandatory	
5	Original 12th/Inter marks memo	1	3	Mandatory	
6	Original Transfer certificate from Inter /12th class	1	3	Mandatory	
7	Original Study and conduct /bonafide certificate from class 6th to 12th class.(Please obtain a certificate from school mentioning class studied and year of studies.Report cards/marks memo/TC is not accepted as study certificate by University)	1	3	Mandatory	
8	Gap in studies certificate (if applicable)	1	3	If applicable	
9	Original Migration Certificate from Inter /12th class (for other state /other board students- state board /CBSE/ICSE/IB)	1	3	Mandatory	
10	Equivalency Certificate (compulsory for other state/other board students-other state board /CBSE/ICSE/IB) -Apply through online on https://tsbie.cgg.gov.in/studentServices.do	1	3	If applicable	
11	Original Income certificate (If applicable)	1	3	If applicable	
12	Original Caste and community certificate (If applicable)	1	3	If applicable	
13	EWS Certificate for the year 2025- 2026 (if applicable)	1	3	If applicable	
14	NCC Certificate (If applicable)	1	3	If applicable	
15	Minority Certificate (if applicable)	1	2	If applicable	
16	Original Residence certificate for the 4 years preceding the qualifying exam	1	3	If applicable	
17	Original Special Service certificate/CAP certificate (if applicable)	1	3	If applicable	
18	KNR Univeristy - Fees bond of 20,00,000/-	1	3	Mandatory	
19	Original certificate genuineness underatking bond	1	3	Mandatory	
20	Anti ragging bond undertaking by Student & Parent	1	3	Mandatory	
21	College fees payment bond	1	3	Mandatory	
22	Self Attested Aadhar card of student , Mother & Father	-	4	Mandatory	
23	Passport size photographs of the students	12	-	Mandatory	
24	Two DD in favour of "Apollo Institute of Medical Sciences and Research" payable at Hydrabad Tuition Fee - Rs: 60,000 Other Fee for Health Insurance & checkups, Record books, Sports & Culturals, Uniforms, stationary, Student mandate material, etc- Rs: 50,000				

	DD No. -	DD Date:-	Amount:-	Receipt No.:-
	1) **2)**			

***Student Signature** *** Parents Signature** ***Coordinator Signature**

Issued to student -

1) Fees Receipt 2) Joining Report 3) Acknowledgement of original documents

APOLLO INSTITUTE OF MEDICAL SCIENCES AND RESEARCH,HYDERABAD

Instructions

1	Please submit all the mentioned documents in the given order only.One set of Original documents and 3 other set of xerox to be submitted in the same order at the time of the admission.On each 4 set of NEET admit card paste the photograph of student and student's sign,thumb impression and parents sign in the given space.Please keep all 4 sets (One original set and 3 xerox copies set in separate cover)

2	**Equivalency Certificate (compulsory for other state/other board students-other state board /CBSE/ICSE/IB) -Apply through online on https://tsbie.cgg.gov.in/studentServices.do**
3	All original copy of bonds and its 3 sets of xerox to be submitted at the time of admission along with the 3 xerox copies
4	Please arrange all the documents in the given order only .
5	Please write student name and batch 2025 on the backside of each photograph.Please submit the 12 photographs in a small cover/pouch.On cover/pouch also mention the name of the candidate and Batch 2024.
6	Student must sign on all the xerox copies set including bond xerox

UNDERTAKING / DECLARATION AGAINST DRUG ABUSE

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 there under, 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:

FORM II

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

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

I_____*(Full Name in Block Letters)* _____ _____Father / Mother/ Guardian of Mr./Mrs./Ms._____*(Full Name of Student in Block Letters)*_ admitted to the course of _____ *(Name ofCourse)*_____with Admission No._____at _____*(Name of College / Institution)*_____affiliated to_____ *(Name of University)*

_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).

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

2. I have particularly perused the provisions of regulations3and 4 of the said regulations and have fully understood what constitutes –ragging.
3. 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 abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
4. I hereby undertake that my son/ daughter/ ward —

   a. will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulations3 and 4 of the said regulations;
   b. will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulations 3 and 4 of the said regulations;
   c. will not hurt anyone physically or psychologically or cause any other harm.

5. I hereby agree that if 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 law for the time being in force.
6. 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 a 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, his/her admission is liable to be cancelled/withdrawn.

Signed on this the____day of_____month of_____year.

Name: Address:

Tel/ Mobile No.

Signature

Signature of Witness 1:

(Name of Witness 1):

Address:

Signature of Witness 2:

(Name of Witness 2):

Address:

(Bond 1- on Rs 50/- of bond paper)

FORM I

[*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

I_____*(Full Name in Block Letters)*_____Son/ Daughter of Mr./Mrs./Ms._____*(Full Name in Block Letters)*_____admitted to the course of_____*(Name of Course)*__with Admission No._____ at_____*(Name of College/Institution)* affiliated to_____*(Name of University)* 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).

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

2. I have particularly perused the provisions of regulations3and 4 of the said regulations and have fully understood what constitutes –ragging.

3. 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 abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4. I hereby undertake that—

(i) I will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under regulation3of 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.

5. 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.

6. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a 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 admission is liable to be cancelled / withdrawn.

Signed on this the __day of___ month of _____year.

Signature _____

Name: Address: Tel/ Mobile No:

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

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

(Bond 2- on Rs 50/- of bond paper)

APOLLO INSTITUTE OF MEDICAL SCIENCES AND RESEARCH,HYDERABAD						
Name:-			**Father's Name:-** Rank:			
Category :- B		**Phase:**	**Date:- _____/_____/2025**			
	List of the documents submitted -Checklist - B category -Management quota		**Original**	**Xerox copies**	**Remarks**	**Status**
1	NEET Admit card		1	3	Mandatory	
2	NEET rank/marks sheet		1	3	Mandatory	
3	Allotment letter from KNRUHS		1	3	Mandatory	
4	Original 10th Marks memo		1	3	Mandatory	
5	Original 12th/Inter marks memo		1	3	Mandatory	
6	Original Transfer certificate from Inter /12th class		1	3	Mandatory	
7	Original Study and conduct /bonafide certificate from class 6th to 10th class.(Please obtain a certificate from school mentioning class studied and year of studiesReport cards/marks memo/TC is not accepted as study certificate by University)		1	3	Mandatory	
8	Original Study and conduct /bonafide certificate from class 11th to 12th/Inter class(Please obtain a certificate from school mentioning class studied and year of studies.Report cards/marks memo/TC is not accepted as study certificate by University)		1	3	Mandatory	
9	Gap in studies certificate (if applicable)		1	3	If applicable	
10	Original Migration Certificate from 10th/Inter /12th class (for other state students-other state board /CBSE/ICSE/IB)		1	3	If applicable	
11	Equivalency Certificate (compulsory for other state students--**other state board /CBSE/ICSE/IB) -Apply through online on https://tsbie.cgg.gov.in/studentServices.do**		1	3	If applicable	
12	Original Income certificate (If applicable)		1	3	If applicable	
13	Original Caste and community certificate (If applicable)		1	3	If applicable	
14	Original Residence certificate (if applicable)		1	3	If applicable	
15	Original Special Service certificate/CAP certificate (if applicable)		1	3	If applicable	
16	KNR Univeristy - Fees bond of 20,00,000/-		1	3	Mandatory	
17	Original certificate genuineness underatking bond		1	3	Mandatory	
18	Anti ragging bond undertaking by student and Parent		1	3	Mandatory	
19	College fees payment bond		1	3	Mandatory	
20	Seat blocking bond		1	3	Mandatory	
21	Anti ragging bond undertaking by parents		1	3	Mandatory	
22	Aadhar card of student (Self attested)		-	4	Mandatory	
23	Aadhar card of mother and father (Self attested)		-	4	Mandatory	
24	Passport size photographs of the students		12		Mandatory	
25	Bank guarantee of Rs.13,00,000/-(Applicable for Management B category)		1	3	Mandatory	
26	Two DD in favour of Apollo Institute of Medical Sciences and Research payable at Hydrabad - 1) Tuition Fee - 13,00,000/per year for B category 2) Other Fee for Health Insurance & checkups, Record books, Sports & Culturals, Uniforms, stationary, Student mandate material, etc- Rs: 60,000					
	DD No. - 1) 2)	**DD Date:-**	**Amount:-**	**Receipt No.:-**		

***Student Signature** *** Parents Signature** ***Coordinator Signature**

Issued to student - 1) Fees Receipt 2) Joining Report 3) Acknowledgement of original documents

APOLLO INSTITUTE OF MEDICAL SCIENCES AND RESEARCH,HYDERABAD	
Instructions	
1	Please submit all the mentioned documents in the given order only.One set of Original documents and 3 other sets of xerox to be submitted in the same order at the time of the admission.On each 4 set of NEET admit card paste the photograph of student and student's sign,thumb impression and parents sign in the given space.Please keep all 4 sets (One original set and 3 xerox copies set in separate cover)
2	**Equivalance certificate is mandatory for other state- ,state board ,CBSE,ICSE,IB students.Please apply**
3	All bonds to be submitted at the time of admission along with the 3 xerox copies.student,parents,witness signature is mandatory wherever mentioned on the bond. **1)** KNRUHS 20 lakhs fees payment bond-on Rs.100/- of bond paper and notarized **2)** Anti ragging bond undertaking by parent -on Rs 50/- of bond paper **3)** Anti ragging bond undertaking by student on Rs. 50/- of bond paper **4)** College fees payment bond -on Rs.100/- of bond paper **5)** Seat blocking bond-on Rs.100/- of bond paper **6)** Original certificate genuineness underatking bond -on Rs.100/- of bond paper
4	For management and NRI category it is mandatory to submit the Bank guarantee at the time of the

5	DD to be taken in favour of Apollo Institute of Medical Sciences and Research payable at Hydrabad.Two DD to be taken.One is for Tuition Fee-13,00,000/- and second is for Stationary,
6	Please arrange all the documents in the given order only .
7	Please write student name and batch 2025 on the backside of each photograph.Please submit the 12 photographs in a small cover/pouch.On cover/pouch also mention the name of the candidate and Batch 2025.
8	Student must sign on all the xerox copies set including xerox of bonds paper.
9	Original Study and conduct /bonafide certificate from class 11th to 12th/Inter class(Please obtain a certificate from school mentioning class studied and year of studies.Report cards/marks memo/TC is not accepted as study certificate by University)
10	Original Migration Certificate from 10th/Inter /12th class (for other state students-other state board /CBSE/ICSE/IB)

B.G.No.:
Date of Issue:
B.G. Amount: /- Date of BG
Expiry :
Date of lodgment of claim:

IRREVOCABLE BANK GUARANTEE

We, **(Bank Name)** Bank, having its Branch at **(Branch Name)** do hereby issue this Irrevocable Bank Guarantee at the request, upon application and on behalf of **Mr./Ms. (Student Name)**, **S/o./D/o. (Father Name)** in favour of Apollo institute of Medical Sciences & Research, Jubilee Hills, Hyderabad District, Telangana state .

WHEREAS the above named Student got admitted into 1st Year MBBS Course for the academic year 2026-27 and for the duration of the remaining 3.5 year of course in the Beneficiary Institute and paid the 1st year fee of Rs._____ /- (Rupees _____ Only) and is also obligated to pay the balance fee of Rs /- per annum for the remaining period of course.

WHEREAS as per the conditions for admission, the Student is required to furnish an Irrevocable Bank Guarantee to the Beneficiary from any Nationalized Bank to protect the interest of the Beneficiary in the event of any default of the Student in payment of balance fee as above during the entire course.

Hence in the event of default on the part of the Student in payment of balance fee of Rs. /- per year for 2nd year period i.e._____ September 2027, Rs._____ /- (Due date of Payment of Fees) or any part thereof during the balance course period of MBBS, the Bank on behalf of the Student hereby irrevocably, unequivocally and unconditionally agrees and undertakes to pay forthwith the said sum of Rs. _____/- or part thereof to the Beneficiary without any condition, protest, demur or proof and without reference to any consent of the Student and irrespective of and not withstanding any contest/objection from the Student or the existence of any dispute between the Student and the Beneficiary upon the Beneficiary invoking this Bank Guarantee with the Letter of Invocation for any part amount of the bank guarantee to the bank. The Bank agrees to make the payment of invoked amount to the Beneficiary simultaneously on the Beneficiary submitting the Letter of Invocation for any part amount of the Bank Guarantee.

Not with standing anything contained herein, the bank further under takes to pay the full amount of the bank guarantee to the beneficiary without any reference to the due date of the payment of the fee structure as mentioned in the guarantee, simultaneously on the beneficiary submitting the letter of invocation along with the original bank guarantee.

The Bank further agrees that this Guarantee shall constitute an independent and autonomous contract between the Bank and the Beneficiary and shall not in any way be affected by any dispute or difference between you viz., the Beneficiary and the Student of whatsoever nature.

Finally, the Bank confirms that a mere letter from the Beneficiary that there has been a default on the part of the Student in payment of the fees, shall without any other or further proof be final, conclusive and binding on the Bank to treat the same as a valid invocation along with submission of the original Bank Guarantee for making the simultaneous payment of the demanded amount upto the maximum of Rs. _____/-.

This Bank Guarantee shall remain in force up to **(Date)**_____ and all claims should be received by the Bank on or before within one month from the said date.

The Bank's liabilities under this guarantee is restricted to Rs._____/- (Rupees: _____ Only) and the guarantee shall remain in force up to **(Date)**_____**.** Unless a claim is made on the Bank within one month from the said date i.e. all the claims rights and interest etc. Whatsoever of the Institute _____**(Name of college & Address)** under this guarantee shall be lapsed and shall have no right to enforce this guarantee and the Bank shall be relieved and discharged from all liabilities there from.

Notwithstanding anything contained Herein:

A. Our Liability under this Bank Guarantee shall not exceed Rs. _____/- (Rs. _____ Only) .
B. This Guarantee shall be valid up to **(Date)**
C. We are liable to pay the guarantee amount or any part thereof under this Bank Guarantee only and only if you serve upon us a written claim or demand received by us on/or before **(Date)**

(Date of expiry of claim period of guarantee).

Dated :

THE BRANCH MANAGER,

BANK…,BRANCH. …….

COLLEGE FEE PAYMENT UNDERTAKING

I, _____ , S/O, D/O _____ selected for First MBBS course for the year 2026-27 and admitted in "Apollo Institute of Medical Sciences and Research (AIMSR)", Apollo Health City, Jubilee Hills, Hyderabad – 500096, Telangana do hereby undertake to complete the said course as per the requirements of the University. In the Stipulated period of the above said course, I undertake to pay the Tuition Fee for the remaining period of the course from the date of discontinuation to the Principal - Apollo Institute of Medical Sciences and Research (AIMSR), Hyderabad as per the fee schedule given below.

1. 1st Year fees - Amount Rs…… During admission 2026
2. 2nd year fees - Amount Rs…… Before 16th August 2026
3. 3rd year fees - Amount Rs…… Before 16th August 2026
4. 4th year fees - Amount Rs…… Before 16th August 2026
5. 5th year fees - Amount Rs…… Before 16th August 2026

Signature of the Candidate Signature of the parent/Guardian

Date:

Witness:

1) Signature

   Name & Address in Full

2) Signature

   Name & Address in Full

Sureties:

1) Signature

   Name & Address in Full

2) Signature

   Name & Address in Full

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 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 **Signature of the Candidate**

Aadhaar No.
Address:

Date: **Place:**

DECLARATION BY CANDIDATE

(Non-Judicial Stamped paper for Rs. 20/-)

I, Dr. ..... S/o, D/o ----------

Selected for MBBS/BDS _____ for the year 2025-2026 under Management Quota (B-CAT, C-CAT Categories) at _____Medical College affiliated to KNRUHS . I do hereby declare that I am not admitted into MBBS/BDS Course in any Medical/Dental College in the country at present which amounts to seat blocking. I have been informed by the Principal that in the event of detection at a later date of the candidate being admitted in any other Medical/Dental College for UG Course simultaneously, the candidate will be liable for penal action by the National Medical Commission/ Kaloji Narayan Rao University of Health Sciences/Government.

DATE : **Signature of the Candidate**

Name and address in full

Signed in my presence
Attested by

Principal of the College with seal