GOVERNMENT MEDICAL COLLEGE SURYAPET

(Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal)
Recognized by MCI vide Endst No.MCI-34(41) (E-54)/2019-Med.118752, Amaravadi Nagar, Suryapet-508213

ADMISSIONS FOR MBBS COURSE 2026-27

Sl. No.	LEVEL-I VERIFICATION/SCRUTINY TEAM	LEVEL-II VERIFICATION/SCRUTINY TEAM	ADMISSION SIGNING AUTHORITY
1	**ONLINE & OFFLINE** i) Y.Hemanth Kumar, Sr.Asst. ii)	Dr.Pavani Kiranmai Assoc. Prof. Biochem. **(ONLINE & OFFLINE)**	Dr.JVDS. Prasad - Principal
2	**OFFLINE** i) Padma, Sr.Asst. ii) Mahesh, Jr.Asst.	Dr.S.Ramesh Kumar Asst. Prof. SPM	Dr.M Padmavathi - Vice Principal (Admin)
3	**OFFLINE** i) Bhuvaneshwari ii) Saidulu, DEO.	Dr. KLS Prasanna Asst. Prof. Pharm.	Dr.J Shyam Sunder - Vice Principal (Acad)
4	**ONLINE & OFFLINE** i) G. Anjali, DEO, ii) Swetha, DEO.	V. Seetharama Rao - A.O M. Srinivas - Office Supdt.	

For Queries and Information:

1. Sri. Y. Hemanth Kumay, Mob. No. 8886885502.
2. Smt. G. Anjali, Mob.No.9553056006

Reporting Time from 10.00A,M to 4.00 PM

GOVERNMENT MEDICAL COLLEGE: SURYAPET

Re.No.spl/GMC/SRPT/ACAD/2026 Date: . .2026

CERTIFICATE

This is to certify that..... S/o/D/0 ....Neet Rank.....Neet Roll No……..…has submitted the following Certificates/Documents of MBBS Course of 2026-27 Batch.

1. Provisional Allotment Order
2. Neet UG ADMIT Card-2026(Mandatory)
3. Neet UG Rank Card-2026 (Mandatory)
4. Birth Certificate (SSC Marks Memo) (Mandatory)
5. Qualifying Exam Certificate (Intermediate Marks Memo OR Equivalent-Grade Certificate Not Accepted (Mandatory)
6. Study Certificates I to SSC (Mandatory)
7. Study Certificates XI & XII (Intermediate OR Equivalent) (Mandatory)
8. Latest Caste Certificate (Mandatory-if applicable) with father Name/Mother Name
9. Transfer Certificate (Mandatory)
10. Gap Certificate from Tahsildar- (Mandatory-If applicable)
11. Minority Certificate (Mandatory-If applicable)
12. EWS Certificate for the year 2026-27 issued by (Tahsildar) (Mandatory- if applicable)
13. Latest Parental Income Certificate (If applicable)
14. PWD Certificate (Mandatory-If applicable)
15. Residence certificate of the candidate for 4years period immediately preceding the qualifying examination (dates of period to be specified).- Mandatory if applicable
16. NCC Certificate (Mandatory-If applicable)
17. CAP / PMC Certificate (Mandatory-If applicable)
18. Demand Draft in favor of **"THE REGISTRAR, KNRUHS, WARANGAL")** Fee Rs.12000/- **(All India Quota)** (Mandatory)
19. College Fee **DEMAND DRAFT** in favor of the **PRINCIPAL CDS GOVERNMENT MEDICAL COLLEGE, SURYAPET** Amount ofRs.29,000/-(OC, BC) and Rs.27,000/- (SC, ST) DD.No._____, Date: _____.
20. Candidate's latest Passport Size Photos 4 nos (Mandatory)
21. Aadhaar Card (Mandatory)
22. Form I & II (Enclosed)
23. Undertaking in the form of Affidavit on Rs.100 non-judicial stamp paper.(Mandatory)
24. Discontinuation Bond of Rs.20,00,000/- (Rupees Twenty Lakhs). (Mandatory)
25. Declaration Against DRUG Abuse and ANTI RAGGING.
26. Originals & 2 (Two) Xerox sets of the certificates to be submitted.

All the candidates who have been allotted **MBBS** seats in UG counseling, in this institute are hereby directed to **submit the above documents in the same Order /Sequence**.

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, SURYAPET
MBBS BATCH 2026–27
PERSONAL DATA SHEET OF CANDIDATE

Instruction: This form must be filled in by the candidate in their own handwriting. All details must be entered accurately and, where specified, as per the relevant certificate.

Sl. No.	Particulars	Details / Response in BLOCK LETTERS
1	Full Name of the Candidate (In BLOCK LETTERS as per Intermediate Certificate)	
2	Age and Date of Birth (As per SSC Certificate)	
3	Sex (☐ Male ☐ Female)	
4	Name of Father and Occupation	
5	Literacy Status of Father	
6	Name of Mother and Occupation	
7	Permanent Address with Phone Number	
8	Name of College/School Last Studied	
9	**Phone No. of Father and Mother/Guardian**	
10	Service Preference After MBBS	☐ Government Service ☐ Private Service ☐ Not Decided
11	Postgraduate Course Preference	☐ Yes ☐ No ☐ Not Decided Specialty: _____

Declaration

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that this personal data sheet has been completed by me in my own handwriting.

Place: _____ Date: ____ / ____ / _____

Full Name: _____ Signature of Candidate: _____

GOVERNMENT MEDICAL COLLEGE: SURYAPET

MBBS BATCH 2026–27 – CERTIFICATE VERIFICATION CHECKLIST

Name of the Candidate: _____ **Reg. No.:** _____

S.No.	Certificates	Yes/No	Remarks
1	KNRUHS Provisional Admission Order		
2	Receipt of Original Certificates Verified at Centre		
3	NEET Hall Ticket / Admit Card of UG 2026		
4	NEET Rank Card / Score Card UG 2026 *(Mandatory)*		
5	Date of Birth Certificate/SSC Memo		
6	NEET 2026 Provisional Seat Allotment Letter *(Mandatory)*		
7	Latest Caste Certificate with Father's Name *(if applicable)*		
8	Minority Certificate (Muslim Only) *(if applicable)*		
9	Class X / SSC Marks Sheet *(Mandatory)*		
10	Class X / SSC Pass Certificate *(Mandatory)*		
11	Class XII / Intermediate Marks Memo or Equivalent *(Mandatory)*		
12	Class XII / Intermediate Pass Certificate		
13	EWS Certificate for the Year 2026–27 claiming reservation under EWS Categories issued by the Competent Authority (Tahsildar), Telangana State *(if applicable)*		
14	NCC Certificate *(if applicable)*		
15	Physically Handicapped Certificate from University Medical Board *(if applicable)*		
16	Student Aadhaar Card		
17	Transfer Certificate issued by the Recently Attended School / College *(Mandatory)*		
18	Domicile / Bonafide Certificate		
19	Study Certificates from Classes VI to XII (Intermediate) *(Mandatory)*		
20	Equivalence Certificate *(Mandatory for all Non-Local Candidates except CBSE Candidates; issued by the State Board of Intermediate, Telangana)*		
21	Gap Certificate issued by Tahsildar *(if applicable)*		
22	Residence Certificate for 4 Years immediately preceding the Qualifying Examination *(if applicable)*		
23	Special Category Reservation Certificate / Physical Disability Certificate issued by the Competent Authority as specified by MCC		
24	Family Income Proof / SC/ST/OBC Certificate for candidates claiming fee exemption *(if applicable)*		
25	Self-attested Copy of Parent's PAN Card		
26	Self-attested Copy of Parent's Aadhaar Card (Residence Proof)		
27	Character Certificate of the Student		
28	Candidate's Latest Passport Size Photographs (4 Nos.)		
29	Bond for Discontinuation of Course – Undertaking in the form of Affidavit on Rs.100/- Stamp Paper by the Parent and Candidate with Witnesses by a Gazetted Officer or Income Tax Returnee, Notarized *(Mandatory)*		
30	Undertaking in the form of Affidavit on Rs.100/- Stamp Paper (Declaration by Parent and Candidate that all Certificates are Genuine) *(Mandatory)*		
31	Anti-Ragging Undertaking *(Mandatory)*		
32	Declaration Form Against Drug Abuse *(Mandatory)*		
33	Specimen Signature of the Candidate *(Mandatory)*		

Verified by: _____ Signature: _____

Date:

Form-I

FORMAT OFUNDER TAKING BY THE STUDENT

(MUST BE NOTARIZED)

1. I _____Son/Daughter of Mr./Mrs./Ms_____ admitted to the course of_____) at Government Medical College, SURYAPET 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 under stood 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 o]
5. R being part of conspiracy to promote ragging.
6. I hereby undertake that____
   (i). 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). 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.
7. 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.
8. 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 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

FORMATOFUNDERTAKINGBYTHEPARENTS/GUARDIANOF THE CANDIDATE/STUDENT (MUST BE NOTARIZED)

1. I_____

   Father/Mother/Guardian of Mr./Mrs./Ms._____ admitted to the course of_____) at Government Medical College, SURYAPET 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,202l (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 an 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 regulation3 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 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 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 day of_____month of___year.

Signature
Name of the Parent:
Phone no.:

Witness I
Name and Signature, Address:

Witness II
Name and Signature, Address:

ALL WITNESSES WHO HAVE SIGNED HAS TO SUBMIT THERE AADHAR COPY

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAKCNG IN THE FORM OF AFFIDAVIT

(ON NON-JUDICIAL STAMP PAPERS OF RS100/-WITH NOTARY)

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2026-27

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 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) to wards forfeiture of the bond in accordance to the G.O.Ms. No.125,126 and127 HM&FWDept.,Dated:22.09.2022

Signature of the candidate

I, _____(Name of the parent), parent of Mr./Ms. _____(Name of the candidate), do hereby undertake to pay KNR University of Health Sciences, Telangana 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 in to MBBS/BDS course in the state of Telangana besides paymentofRs.20,00,000/- (Rupees Twenty lakhs only) towards forfeiture of the bond in accordance to the G.O. Ms. No. 125, 126and 127 HM&FW Dept., Dated: 22.09.2022

Signature of the Parent

Witnesses:

1.

2.

Sureties

1.

2.

ALL WITNESSES WHO HAVE SIGNED HAS TO SUBMIT THERE AADHAR COPY

NOTARY

***(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_____ in favor or The Registrar, KNRUHS, Warangal and the Principal, Government Medical College, SURYAPET to a sum of Rs. 20,00,000/- only (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/- only (Rupees Twenty lakhs only). I, the said surety, shall, without any objection, pay the said due amount to the Govt. Medical College, SURYAPET 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.....
Aadhar No..:.....
PAN No.
Mobile No.:

2. In consideration of the Surety Bond executed by the student (Mr. /Ms. _____Son of /daughter of_____resident of_____ in favor or The Registrar, KNRUHS, Warangal and the Principal, Government Medical College, SURYAPET to a sum of Rs. 20,00,000/- only (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/-only(Rupees Twenty lakhs only). I, the said surety, shall, without any objection, pay the said due amount to the Govt. Medical College, SURYAPET 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.....
Aadhar No..:.....
PAN No.
Mobile No.:

Note: Xerox copies of Aadhar & pan cards along with mobile no's and self attestation of sureties should be enclosed along with the bond .

PROFORMAFORUNDERTAKINGINTHEFORMOFAFFIDAVIT

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

UNDERTAKING

I……..S/o/D/0.....,bearing UG NEET 2026 Roll No.....and I, (Parent name) F/o: (Candidate name), bearing UG NEET 2026 Rank _____ 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 2026-27 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:

ALL WITNESSES WHO HAVE SIGNED HAS TO SUBMIT THERE AADHAR COPY

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:

ALL WITNESSES WHO HAVE SIGNED HAS TO SUBMIT THERE AADHAR COPY

GOVERNMENT OF TELANGANA

GOVERNMENT MEDICAL COLLEGE, SURYAPET

New under Graduate **(MBBS** College Fee Structure for the academic year 2026-27)

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

DEMAND DRAFT IN FAVOUR OF"**PRINCIPAL CDS GOVERNMENT MEDICAL COLLEGE SURYAPET**"- **TUTION FEE**"PAYABLE AT SURYAPET FROM ANY NATIONALIZED BANK.

Hostel
Fee Structure (2026-27)

Sl. No.	Description	Amount
01.	Non-Refundable Amount	6000-00
02.	Caution Deposit (Refundable)	4000-00
03.	Rent (Rs.1000/-Per Month*12Months)	12000-00
04.	Hostel Admission Application Fee	1000-00
	Total	**23000-00**

DEMAND DRAFT IN FAVOUR OF"**PRINCIPAL GOVERNMENT MEDICAL COLLEGE, SURYAPET-HOSTEL FEE** "PAYABLE AT SURYAPET FROM ANY NATIONALIZED BANK.

University Fees (For AIQ Students only)

Sl.No.	Description	Amount
01.	University Fees	Rs.**12000-00**

DEMAND DRAFT IN FAVOUR OF**"KNR UNIVERSITY OF HEALTH SCIENCES**, **WARANGAL"PAYABLE AT WARANGAL"**

PRINCIPAL
GMC, SURYAPET