GOVERNMENT OF TELANGANA

OFFICE OF THE PRINCIPAL, GOVERNMENT MEDICAL COLLEGE WANAPARTHY

- Ph: 08545-233055

Check list & Acknowledgement for Receiving of Original Certificates

Check list for verification and receipt of Original Certificates of allotted candidates to 1st year MBBS for the Academic Year 2026-27

Sl.No._____ **Date of admission____/ /2026**

Name of the candidate: _____ Rank No:_____

Roll No_____

Sl.No	Certificate	Yes	No	Remarks
1	NEET Admit card			
2	NEET Score card			
3	Allotment Order			
4	S.S.C or Equivalent Examination Marks Memo			
5	Intermediate or 10+2 examination Marks Memo			
6	Bonafide Certificate (6th to 12th)			
7	Transfer Certificate (T.C)			
8	a) SC, ST, BC--A/ B/ C/ D/ E valid certificate. b) OBC Certificates c) Latest Caste certificate issued by the Tahsildar/MRO concerned			
9	EWS Certificate issued with validity for 2026-27 for claiming reservation under EWS Category			
10	Equivalency certificate (Foreign qualification/ other state qualification candidates have to submit Equivalency certificate issued by Board of Intermediate education TG)			
11	Migration Certificate.			
12	Gap Certificate issued by MRO/Tahsildar.			
13	Aadhar Card			
14	Latest Income Certificate issued after 1st April'2026			
15	Residence Certificate			
16	Undertaking Bond for Genuity of Certificates on Rs:100/- Non-Judicial Stamp Paper			
17	Undertaking Bond for Rs.20 Lakhs on Rs:100/- Non - Judicial Stamp Paper and xerox copy of (2) witnesses, Aadhar card and pan card with self-attestation			
18	Anti-Ragging Bond by Student on Rs:100/- Non- Judicial Stamp Paper and xerox copy of student Aadhar card and with self-attestation.			
19	Anti-Ragging Bond by Parent on Rs:100/- Non- Judicial Stamp Paper and xerox copy of parent Aadhar card and with self-attestation			
20	Undertaking/Declaration against Drug Abuse on Rs.100/- Non-Judicial Stamp paper and xerox copies of student and parent Aadhar card and with self -attestation			
21	ARMY/NCC &S.&G./P.H/Anglo-Indian /PWD Certificate to NMC authentication			
22	10 Envelops with permanent address			
23	4 – Photos			
24	2 sets of Xerox copies of all original Certificates (Mentioned above)			
25	D.D No.: Date: Rs.: D.D No: Date: Rs.: D.D No: Date: Rs.:			
	If any remarks:-			

//Verifying Officer-I// **//Verifying Officer-II//** **//Principal//**

GOVERNMENT MEDICAL COLLEGE, WANAPARTHY

INSTRUCTIONS FOR CANDIDATES IN 1st YEAR MBBS ADMISSIONS

FOR THE YEAR OF 2026-27

COLLEGE FEE STRUCTURE

1. All Original Certificates

2. Non-Judicial Bond for 20 lakhs.

3. Tuition Fee : Rs:29,000/- (0C/ BC) Rs:27,000/- (SC / ST)

SI.No	Name of the fee particulars	OC/BC	SC/ST	Frequency
1	Tuition Fee	Rs:10,000/-	Rs:10000	YEARLY
2	CDS	Rs:5000/-	Rs. 5000	ONCE
3	E-Library	Rs:2000/-	Rs:2000/-	YEARLY
4	Central Stores	Rs:2000/-	Rs:2000/-	ONCE
5	Library Fee	Rs:2000/-	Rs:2000/-	YEARLY
6	Caution Deposit	Rs:3000/-	Rs:3000/-	ONCE
7	Academic Development Fund	Rs:3000/-	Rs:1000/-	ONCE
8	Non-Government Fund	Rs:2000/-	Rs:2000/-	ONCE
	Total	Rs:29,000/-	Rs.:27,000/-	

The above amount should be paid in D.D in favor of "**COLLEGE DEVELOPMENT SOCIETY, PRINCIPAL GMC, WANAPARTHY"** from any nationalized Bank **Payable at Wanaparthy.**

Note: Apart from the above fee particulars, the **"All India Quota Students"** should pay an amount of **Rs:12,000/ (Rupees Twelve thousand only)** as a university fee separately in DD form in the favor of **"Registrar, KNRUHS Warangal"** from any nationalized bank **Payable at Warangal.**

Sd/-

Addl.DME/Principal
Govt. Medical College,
Wanaparthy-Dist

GOVERNMENT MEDICAL COLLEGE, WANAPARTHY

INSTRUCTIONS FOR CANDIDATES IN 1st YEAR MBBS ADMISSIONS

FOR THE YEAR OF 2026-27

HOSTEL FEE STRUCTURE

S.No	Description	Amount IN Rs	Frequency	Total is Rs
1	Non -Refundable caution deposit	Rs.5000	Once	Rs.5000=00
2	Caution deposit (Refundable)	Rs.5000	Once	Rs.5000=00
3	Rent (Rs.1000/- per month *12 months)	Rs.1000	Once per month	Rs.12000=00
4	Hostel Admission fee	Rs.1000	Once	Rs.1000=00
Total				**Rs.23000=00**
Girls and boys separate D.D.				
Girls and Boys	The above amount should be paid in D.D in favor of "**THE PRINCIPAL HOSTELS GMC WANAPARTHY**" from any nationalized Bank **Payable at IDOC Wanaparthy.**			**Rs.23000=00**

Sd/-

Addl.DME/Principal
Govt. Medical College,
Wanaparthy -Dis

KNRUHS DISCONTINUATION BOND

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 2026-27

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 details:

Permanent address, Aadhar card No, Pan card No, Mobile NO and Signature:

1)

2)

Self-attested Xerox copies of Adhar cards, Pan cards along with mobile no.s of parent and witness should be enclosed along with the bond.

(TO BE FILLED BY TWO SURETIES)

(1.) In consideration of the Surety Bond executed by the student (Mr. / Ms. _____ Son of/ daughter of_____ resident of_____ in favor of The Registrar, KNRUHS, Warangal, Telangana and the Principal of Government Medical College, Wanaparthy 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 Government Medical College, Wanaparthy 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 : ……..

(2.) In consideration of the Surety Bond executed by the student (Mr. /Ms. _____ Son of daughter of _____resident of_____in favor of The Registrar, KNRUHS, Warangal and the Principal of Government Medical College, Wanaparthy to a sum Rs. 20,00,000/- only (RupeesTwenty 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 Government Medical College, Wanaparthy 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:……

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIFAVIT (ON NON-JUDICIAL STAMP PAPERS OF RS:100/- WITH NOTARY)

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

(GENUINITY BOND)

UNDERTAKING

I_____, **D/o S/o**_____,bearing UG NEET 2026 **Rank No:**_____.

AND

I_____, **D/o S/o**_____,bearing UG NEET 2026 **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 2026-2027 in colleges affiliated to **KNR University** of Health Science. 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:

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON- JUDICIAL STAMP PAPERS OF RS.100/- WITH NOTARY)

FORM I (National Medical Commission)

[See sub-clause(a) of clause (i) and sub clause (a) of clause(ii) of sub -regulation (2) of regulation7]

FORMAT OF UNDERTAKING BY THE STUDENTS

1._____(Full Name in Block Letters) _____ Son/Daughter of Mr./Mrs./Ms._____(Full Name in Block Letters)_____admitted to the course of MBBS (Name of course with Admission No._____ At Government Medical College, Wanaparthy (Name of college/institution)-affiliated to Kaloji Narayan Rao University of Health Sciences(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).

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 abetting 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 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 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 of the student:
Address:

Tel/Mobile No:

Signature of Witness1:
(Name of Witness 1):
Address:

Signature of Witness2:
(Name of Witness 2):
---------Address:

Xerox copies of the Aadhaar cards of the witnesses, mentioning their mobile numbers, should be enclosed with the bond.

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT(ON NON- JUDICIAL STAMP PAPERS OF RS.100/- WITH NOTARY)
FORM II (National Medical Commission)

[See sub-clause(b) of clause (i) and sub clause (b) of clause(ii) of sub-regulation (2) of regulation7]

FORMAT OF UNDERTAKING BY PARENT/GUARDIAN OF THE CANDIDATE

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 of Corse)_____ with Admission No. _____At Government Medical College, Wanaparthy (Name of College/Institution)affiliated to Kaloji Narayan Rao University of Health Sciences(Name of University here by declare that receives 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 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 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.

5. I hereby undertake that my son/daughter/ward_____

(i) Will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulations 3 and 4 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 regulations 3 and 4 of the said regulations;

(iii) 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 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.

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 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.

Signature

_____

Name:
Mobile Number:
Address:

Signature of Witness1:
(Name of Witness 1):
Address:

Signature of Witness2:
(Name of Witness 2):
Address:

Xerox copies of the Aadhaar cards of the witnesses, mentioning their mobile numbers, should be enclosed with the bond.