GOVERNMENTMEDICALCOLLEGERAJANNA SIRCILLA DISTRICTTELANGANA STATE

ADMISSIONSFORMBBSCOURSE2026-2027ADMISSION

COMMITTEE:

01. Dr.J.Rajeswari,Principal,Govt.MedicalCollege,RajannaSircilla.
02. Dr.M.Nirvisha,Vice-Principal,(Academic)Asst.Professor&HODofFMT.,
03. Dr.K.Arun,AssistantProfessorofPathology.(I/c.AdmissionsofAIQ&CQ)
04. Dr.SyedaNoorulain,AssistantProfessorofBiochemistry,
05. Dr.K.Divya,AssistantProfessorofPhysiology,
06. Dr.B.Arpitha,AssistantProfessorofAnatomy,
07. Sri.AbdulKhadar,AssistantDirector,
08. Kum.K.SaiSharanya,AdministrativeOfficer(Admn.)
09. Sri.M.RamdamodharRao,AdministrativeOfficer(Academic)
10. Sri.MirzaSamiullaBaig,OfficeSuperintendent(Academic)

ForQueriesandInformation:

1. Dr.M.Nirvisha,Vice-Principal,(Academic)Asst.Professor&HODofFMT:**8790955262**
2. Dr.K.Arun,AssistantProfessorofPathology(UGAdm.Incharge):**9182267732**
3. Sri.AbdulKhadar,AssistantDirector
4. Sri. Mirza Samiulla Baig, Office Superintendent(Academic) : **9652764878**

Reporting Time from 10:00AM to 04:00PM

- Candidates who want to give willingness for upgradation for Round-2 while retaining Round-1 seat,**"HAVE TOREPORT PHYSICALLY"**at the allotted institute to confirm their admission.

- For allotment under OBC quota, **OBC certificate issued by concerned stategovernment only is valid.**

- ForallotmentunderPWDquota,**certificateissued(2025-2026)bythemedicalboard of Medical counseling committee authorized centers**

AllthecandidateswhohavebeenallottedMBBSseatsinUGcounseling,in this institute are hereby directed to submit the following documents:

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

01. NEET-2026HallTicket(Mandatory*)alongwithPassportsizephotoandthumbimpressiononit.
02. NEET-2026RankCard(Mandatory*)
03. ProvisionalAllotmentOrder(Mandatory*)/AllotmentOrderissuedbyMCC/KNRUHS
04. SSCPassCertificate/Equivalence(Mandatory*)
05. 12th/Intermediate**OR**EquivalencePassCertificate
06. LatestCasteCertificate(Mandatoryfor Reservedcandidates)
07. StudyConduct andBonafideCertificate**VItoX**(Mandatory*)
08. StudyConduct andBonafideCertificate**Intermediate/XI&XII**(Mandatory*)
09. TransferCertificate(Mandatory*)
10. Equivalence Certificate (**Except in Telangana State Board of Intermediate & CBSE for Telangana Students. Other State CBSE & Other Board Students should submit Equivalence certificate**) (Mandatory*)
11. MigrationCertificate(Mandatory*forAIQ&CBSEstudents)AadharCardXeroxCopyMandatory*)
12. CollegeFee**DemandDraft**infavorof"**CDS,GOVT.MEDICALCOLLEGE,RAJANNA SIRCILLA"** Amount of Rs.29,000/-for (OC,BC) ; Rs.27,000/- for (SC,ST)
13. HostelFee**DemandDraft**infavorof**"HOSTELACCOUNTGOVERNMENTMEDICAL COLLEGE RAJANNASIRCILLA"** Amount ofRs.23,000/-
14. **DemandDraft**infavorof"**THEREGISTRAR,KNRUHS,WARANGAL")**FeeRs.12000/-(**AIQ**)

    ****Note:**Candidates Name, NEETrank, CellNumber andallottedphasenumber tobeenteredonthe backside of the Demand Drafts.
15. KNRUHSDiscontinuationofRs.20,00,000/-(RupeesTwentyLakhs) (Rs.100/-BondFormatwithNotary, Aadhar&PANcardofWitnesses)(Mandatory*)(**See PageNos.4&5)**
16. FormI(Rs.100/-BondFormatwithNotary)(Mandatory*)(**SeePageNo.6**)
17. FormII(Rs.100/-BondFormat withNotary)(Mandatory*)(**See PageNo.7**)
18. Undertaking in the form of Affidavit on Rs.100/- Bond Non Judicial stamp paper by the parent andcandidate stating that all the certificatesincluding 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. (Mandatory*) (**See Page No.s 08**)
19. Undertaking/DeclarationAgainstDrugAbuse.(Mandatory*)(**SeePageNo.s 09**)

    Note:Ifcontinuous(5)Bondspages,must besubmittedwithNotaryforeachpage.
20. GapCertificateissuedbyTahasildar/MRO(Mandatoryforapplicablestudents*)
21. Minoritycertificate(ifapplicable).

22. ResidentialCertificateofcandidateor parentissuedbytheir residenceofMRO/Tahasildar.
23. Employmentcertificateoftheparent(for non-localstatus)
24. EWSCertificatefortheyear2026-27issuedbyTahasildarofstateofTelangana (Ifapplicable).
25. LatestparentalIncomeCertificate–thosewhoareapplyingforE-PassScholarships.
26. Special Category Certificates (NCC/CAP/PMC/SCCL/ AngloIndianCertificate(if applicable).
27. PWD certificate (If Applicable) **certificate issued this year (2025-2026) by the medical board of Medical counseling committee authorized centres.**
28. PassportSizePhotos–4Nos.(Mandatory*)
29. ProcessingChargesRs.2000/-(TwothousandonlyNonRefundable)
30. **1 set ofself Attested Copiesof allcertificatesand bonds.**
31. Mother/Father Service certificate from competent Authority where candidate's period(1 or more years) of study is outside Telangana (if applicable) (mandatory)
32. Hon'ble Court orders (if applicable)
33. Preferredmodeofpaymentforthecandidateswhoarewillingtoparticipateinthesubsequentroundsof counseling is 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.

GOVERNMENTMEDICALCOLLEGE:RAJANNASIRCILLA MBBS

BATCH 2025-2026

PERSONAL DATA SHEET OFCANDIDATES ADMITTED ON: _____

Shouldbefilled bythecandidateownhandwriting

01. FullNameoftheCandidate :
(Inblock lettersasperIntermediate Certificate)

02. AgeandDateofBirth(As perSSCcertificate) :

03. Gender :

04. NameofFather&Occupation :

05. Name oftheMother& Occupation :

06. Category,Sub-Category :

07. MarksObtained&Percentagein10+2(PCBZ) :

08. MarksObtained&Percentagein10+2(English) :

09. AddressoftheParents :

Phone No. :

10. StudentMobileNo:

Email ID:

AadharNo:

IsanyoftheParent(s)isGovt.Service candidatesornot:

11. Nameofthecollegewherethecandidate studied (Interor+2) :

12. Number ofattemptsofNEET :

13. Anysignificantmedicalhistory(epilepsy/ Heartdisease/Anyconditionunder treatment) :

14. ContactDetailsofLocalGuardian(ifany) :

15. Hobbies/Specialtalents :

KNRUHSDISCONTINUATIONBOND

PROFORMA FOR UNDERTAIKNG INTHE FORM OF AFFIDAVIT

(ONNON-JUDICIALSTAMPPAPERSOFRS.100/-WITHNOTARY)

BONDFORUGMBBS/BDSADMISSIONFORTHEACADEMICYEAR2026-27

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 taketo pay KNR University of Health Sciences, a sum of Rs.20,00,000/- (Rupees Twentylakhs 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 Twentylakhs 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.

Signatureofthecandidate

I,_____(Nameoftheparent),parentofMr/Ms._____(Name of the candidate), do here byunder-taketo payKNR Universityof Health Sciences, a sum of Rs.20,00,000.00/-(Rupees Twenty lakhs only) in case ofdiscontinuation ofMBBS Course after joiningor after the date of announcement ofsecond phase ofadmissions bymyson/daughter and Iam awarethatmyson/daughter will bedebarred for threeyears for admission intoMBBS/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.

SignatureoftheParent

Witnesses:

1)

2)

(TOBEFILLEDBYTWOWITNESSES)

(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, WarangaltoasumofRs.20,00,000/-only(RupeesTwentylakhsonly),

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, without anyobjection,paythesaiddueamounttoTheRegistrar,KNRUHS,Warangalondemand.

IthesaidsuretydosolemnlyaffirmthatIamsolventtotheextentoftheamountof surety and I have been regularlyfiling incometaxreturn.

Signature……..……..
NameoftheSurety……...
PresentAddress:……..
……..Pin……
PermanentAddress:……..
……..Pin……
AadhaarNo..:……
PAN No:……...
MobileNo.:……...

(2.)InconsiderationoftheSuretyBondexecutedbythestudent(Mr./Ms._____ _____Son of/daughter of_____resident of infavor of The Registrar, KNRUHS, WarangaltoasumofRs.20,00,000/-only(RupeesTwentylakhsonly),

I,_____herebystandassurety,jointlyandseverally,forthepaymentofthe saidamountonthetermsmentionedabove.Incasethestudentfailstopayondemanda sumofRs.20,00,000/-only(RupeesTwentylakhsonly),I,thesaidsurety,shall,without anyobjection,paythesaiddueamounttoTheRegistrar,KNRUHS,Warangalondemand.

IthesaidsuretydosolemnlyaffirmthatIamsolventtotheextentoftheamountof surety and I have been regularly filing incometaxreturn.

Signature……..……..
NameoftheSurety……...
PresentAddress:……..
……..Pin……
PermanentAddress:……..
……..Pin……
AadhaarNo..:……
PAN No:……...
MobileNo.:……...

Form–I

FORMATOFUNDERTAKINGBYTHESTUDENT

1. I_____(*Full name in BLOCK LETTERS*)Son/Daughter of Mr./Mrs./Ms_____(*FullnameinBLOCK LETTERS*) admitted to the course of MBBS at GovernmentMedicalCollege, RajannaSircillawith Admission number affiliated to KalojiNarayanaRaoUniversityofHealthSciences,have received acopyofthe NationalMedicalCommission(PreventionandProhibition ofRagging in Medical CollegesandInstitutions)regulations,2022(Hereinafterreferredtoasthesaid regulations).
2. Ihavecarefullyreadandfullyunderstoodtheprovisionsinthesaidregulations.
3. Ihaveparticularlyperusedtheprovisionsofregulations3.And4.ofthesaid regulationsandhavefullyunderstoodwhatconstitutes–ragging.
4. I have also in particular perused the provisions of chapter IV and read and understood the administrativeand penalactions thatmay betakenagainstmeincaseIamfound guilty of ragging or a abetting ragging actively or passively or being part of conspiracy to promote ragging.
5. Iherebyundertakethat
   (i). Iwillnotindulgeinanybehaviororactthatmaycomeunderthedefinitionsof raggingasmaybeconstitutedunderregulation3.ofthesaidregulations.
   (ii). Iwillnotparticipateinorabetorpropagateragginginanyformincludedbutnot limitedtothosethatmaybeconstitutedunderregulation3.ofthesaidregulations.
   (iii). Iwillnothurtanyonephysicallyorpsychologicallyorcauseanyotherharm.
6. Iherebyagreethatiffoundguiltyofanyaspectofragging,Imaybepunishedasper theprovisionsofthesaidregulationsoraspertheapplicablelawsforthetimebeing inforce.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging, activelyorpassively,orbeingpartofconspiracytopromoteraggingandhavenever beenpunishedinanymannerfortheseoffencesandfurtheraffirmthatifthese declarationisincorrectorfalse,myadmissionsisliabletobecancelled/withdrawn.

Signedonthis_____dayof_____monthof_____year.

Nameofthe Student: Signature
Address: Phoneno.:

Witness I
Nameand
Signature
Address

WitnessII
Name and
Signature
Address

Form–II

FORMATOFUNDERTAKINGBYTHEPARENTS/GUARDIANOFTHE CANDIDATE/STUDENT

1. I, _____(*FullnameinBLOCKLETTERS*)Father/Mother/Guardian of Mr./Mrs./Ms_____(Full name of Student in BLOCK LETTERS) admitted to the course ofMBBS atGovernmentMedicalCollege,RajannaSircilla withAdmissionnumberaffiliatedtoKalojiNarayanaRaoUniversityofHealth Sciences,herebydeclarethat,I havereceiveda copy of theNationalMedical Commission(PreventionandProhibitionofRagginginMedicalCollegesand Institutions)regulations,2021(Hereinafterreferredtoasthesaidregulations).
2. Ihavecarefullyreadandfullyunderstoodtheprovisionsinthesaidregulations.
3. Ihaveparticularlyperusedtheprovisionsofregulations3.And4.ofthesaidregulations and have fully understood what constitutes–ragging.
4. IhavealsoinparticularperusedtheprovisionsofchapterIVandreadandunderstood the administrative and penal actions that may be taken against my son / daughter /ward incasehe/sheisfoundguiltyofraggingoraabettingraggingactivelyorpassively or being part of conspiracy to promote ragging.
5. Iherebyundertakethatmyson/daughter/ward
   (i). Willnotindulgeinanybehaviororactthatmaycomeunderthedefinitionsof raggingasmaybeconstitutedunderregulation3.ofthesaidregulations.
   (ii). Will not participate in or abet or propagateragginginanyformincludedbutnot limited tothosethatmaybeconstitutedunderregulation3.ofthesaid regulations.(iii).Willnothurtanyonephysicallyorpsychologicallyorcauseany other harm.
6. Iherebyagreethatmyson/daughter/wardisfoundguiltyofanyaspectofragging,he/ she may be punished as per the provisions of the said regulations or as perthe applicablelaws for the time being in force.
7. Ialsodeclarethathe/shehaveneverbeenfoundtobeguiltyofraggingorabetting ragging,activelyorpassively,orbeingpartofconspiracytopromoteraggingandhave neverbeenpunishedinanymannerfortheseoffencesandfurtheraffirmthatifthesedeclarationis incorrect or false,his/heradmissions isliabletobe cancelled/withdrawn. Signed on this____day of _____month of ____year.

Signature NameoftheParent/Guardian

Phoneno.: Address

Witness I
Nameand
SignatureAddress

WitnessII
Nameand
SignatureAddress

PROFORMAFORUNDERTAKINGINTHEFORMOFAFFIDAVIT(ON NON-JUDICIALSTAMP PAPERS OF RS.100/-)

UNDERTAKING

I, (Candidate name) S/o / D/o..... , bearing UG NEET 2026 Rank No ……and I, (Parent name) F/o: (Candidate name) , bearing UG NEET 2025 Rank No_____herebygive anundertaking as below in connection with our claim with regard to certificatessubmittedfor admission into UG Medical Course for the Academic Year 2026-27 in Colleges affiliated to KNR University of Health Sciences.

We,herebydeclarethatallourcertificatesaregenuine.

I am aware that if the submitted relevant certificate (s) is / are found to be not genuine at alaterdate, my admission is liable to be cancelled and I am liable for criminal prosecution, as may belegally deemed fit. Further I agree that I abide bythe Rules and Regulationsof KNR Universityof 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.

SignatureoftheParent/Guardian **SignatureoftheCandidate**

AadharNo.

Address:

Date: Place:

UNDERTAKING/DECLARATIONAGAINST DRUG ABUSE

We,theundersigned,herebysolemnlyaffirmandundertakethefollowing:

1. Thestudentshallnotconsume,possess,procure,manufacture,transport,distribute,sell,purchase,promoteorengagein anyactivityrelatingtonarcoticdrugs,psychotropicsubstancesor anyother prohibitedintoxicatingsubstancesduringthe period of studyin 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 RaoUniversityofHealthSciences,GovernmentOrders,andall instructionsissuedbytheUniversity/Collegefromtimetotime.

3. Theparent/guardian undertakestomonitor theconduct andactivities ofthe 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 misconductandmayresultin disciplinaryaction,including suspension, cancellation ofadmission, expulsion fromthe institution, withholding of certificates, and/or initiation of legal proceedings under the applicable laws, without prejudicetoanyotheractionthatmaybetakenbythecompetentauthorities.

5. Wefurtherdeclarethattheinformation furnishedhereinistrueandcorrecttothebest ofourknowledgeandbelief,andwe agree to abide by this undertaking throughout the period of study.

NameoftheStudent:
NEETRollNo:
Course:
College:
AcademicYear:

NameofParent/Guardian:
RelationshipwithStudent:
Address:
MobileNo.:

SignatureoftheStudent

SignatureoftheParent/Guardian

Place:

Date:

GOVERNMENTMEDICALCOLLEGE:RAJANNASIRCILLAUG
-MBBS ADMISSION FEE STRUCTURE (2026-27)

	Description	OC/BC	SC/ST	Frequency
CDS.	CDS	5000=00	5000=00	ONCE
	CentralStores	2000=00	2000=00	ONCE
	CautionDeposit	3000=00	3000=00	ONCE
Academic Development Fund	TuitionFee	10000=00	10000=00	YEARLY
	AcademicDevelopment Fund	3000=00	1000=00	ONCE
Library	LibraryFee	2000=00	2000=00	YEARLY
	e-Library	2000=00	2000=00	YEARLY
Non Govt.fund	Non-GovernmentFund	2000=00	2000=00	ONCE
		29000=00	**27000=00**	

DemandDraft*INFAVOUR OF*

CDS,GOVT.MEDICALCOLLEGE,RAJANNASIRCILLA.

ACCOUNTNO **052812010003021**

IFSCCODE :**UBIN0805289**

BANK :**UNIONBANKOFINDIA**

BRANCH :SIRCILLA,RAJANNASIRCILLA

HOSTELFEESTRUCTURE

Sl.No.	Description	Amount	Frequency
01.	Non-RefundableAmount	5,000-00	One Time
02.	CautionDeposit(Refundable)	5,000-00	One Time
03.	Rent(Rs.1000/-PerMonth×12Months)	12,000-00	Yearly
04.	HostelAdmissionApplicationFee	1,000-00	One Time
	TOTAL	**23,000-00**	

DemandDraft*INFAVOUROF*

HOSTELACCOUNTGOVERNMENTMEDICALCOLLEGERAJANNASIRCILLA

ACCOUNT NO **5899000100034991**

IFSC CODE : **PUNB0589900**

BANK :**PUNJABNATIONALBANK**

BRANCH :SIRCILLA,RAJANNASIRCILLA

UNIVERSITY FEES(forAllIndia QuotaStudentsonly)

Sl.No.	Description	Amount
01.	UniversityFees	Rs.12,000-00

DEMANDDRAFTINFAVOUROF**"THEREGISTRAR,KNRUNIVERSITYOFHEALTH SCIENCES, WARANGAL"PAYABLE AT WARANGAL"**

GOVERNMENTOFTELANGANAREQUISITIONFORIDENTITYCARD

GMC-RAJANNASIRCILLA-2026-27

TobefilledinBLOCKLETTERS

Name oftheStudent:

Department/Course:

Batch :

Dateof Birth :

BloodGroup :

AffixPassport Size Photo

SignatureofStudent

Full Permanent Address
With Pin code :

MobileNo. :

KindlyIssueIdentitycard.

ADMN. OFFICER (ACAD.)
GOVERNMENTMEDICALCOLLEGE,
RAJANNA SIRCILLA.