::GOVERNMENT MEDICAL COLLEGE::MAHABUBNAGAR:: -::

TELANGANA STATE::-

ADMISSIONS FOR MBBS COURSE 2026-2027

UG Admission Committee:

1. Dr. M.Ramesh, Director,
2. Dr. P.Kiranmai, Professor & HOD of Biochemistry Vice Principal (Academic).
3. Dr. E.Lakshmi Bai, Professor & HOD of Pathology, Vice Principal (Admin).
4. Dr. V.Srujana, Professor & HOD of Pharmacology,
5. Dr.S.Pavani, Professor & HOD of Microbiology,
6. Dr.V.Janaki, Professor & HOD of Anatomy,
7. Dr.Koteshwaramma, Professor & HOD of Community Medicine,
8. Dr. Nikhath Yasmeen, Associate Professor & HOD of Physiology,
9. Dr. Sudhakar Suresh, Associate Professor & HOD of Forensic Medicine.

For Queries and Information: Timing : 9:30 AM to 5:00 PM.

1. Sri.M. Nehru, Assistant Director, Administration.
2. Sri.M.B.Jalal Baksh, Office Superintendent. (Mobile No: 9885043396)
3. Sri.D.Ravinder, Office Superintendent. (Mobile No: 8328270992)
4. Sri.M. Sravan Kumar, Senior Assistant. (Mobile No: 8985202677)
5. Sri. A. Ramesh, Junior Assistant.(Mobile No: 9848937255)
6. Sri.V. Vijay Kumar Goud, Junior Assistant. (Mobile No: 9885216277)

Reporting Time from 10.00 A.M to 4.00 P.M

Candidates who want to give willingness for upgradation for Round-2 while retaining Round -1 seat, “HAVE TO REPORT PHYSICALLY” at the allotted institute to confirm their admission.

For allotment under OBC Quota, OBC certificate issued by concerned state government only is valid. For allotment under PWD quota, certificate issued the year of 2025 by the medical board of medical counselling committee authorized centres.

Sd/-
Director,
Government Medical College,
Mahabubnagar District.

OFFICE OF THE DIRECTOR, GOVERNMENT MEDICAL COLLEG E
MAHABUBNAGAR DISTRICT

Check list & Acknowledgement for Submission 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: _____

Sl. No	Certificate	Yes/No	Remarks
1	NEET Admit card		
2	NEET Rank card		
3	Provisional Admission Order		
4	S.S.C or Equivalent examination		
5	Intermediate or 10+2 examination		
6	Study & Conduct certificates (1st to 10th& Intermediate)		
7	Transfer Certificate (T.C).		`
8	Residence Certificate issued by Tahsildar		
9	Candidates who have studied in the institutions outside of Telangana have to submit 10 years (years of period to be specified) residence certificate of the candidate or either of the parent issued by MRO/Tahsildar excluding the period of study/employment outside the State.		
10	Latest Caste & EWS Certificates issued by the Tahsildar/MRO concerned.		
11	Latest PWD Quota, Certificates issued by Medical Board of Medical Counselling committee authorized canters only is valid.		
12	Minority Certificate issued by competent authority of Government of Telangana.		
13	CAP/NCC &S.&G./P.H/Anglo-Indian /PMC Certificate		
14	Latest Income Certificate		
15	Aadhar Card (Xerox)		
16	05 Envelops with permanent address		
17	Candidates Latest Pass Port size 6 –Photos		
18	Undertaking Bond for Genuinity of Certificates on Rs:100 Non-Judicial stamp paper		
19	Undertaking Bond for Rs. 20 Lakhs on Rs:100 Non-Judicial stamp paper		
20	Anti-Ragging Bond by Student on Rs:100 Non-Judicial stamp paper		
21	Anti-Ragging Bond by Parent on Rs:100 Non-Judicial stamp paper		
22	Gap Certificate issued by MRO/Tahsildar		
23	Equivalency certificate		
24	Migration Certificate.		
25	2 sets of Xerox copies with self-attestation of all original Certificates (Mentioned above) and Bonds with Adhar cards.		
26	1). D.D No.: Amount: Date: 2). D.D No.: Amount: Date:		

Director,
Government Medical College,
Mahabubnagar District.

GOVEREMENT MEDICAL COLLEGE, MAHABUBNAGAR

Edira (Village), Tirumala Hills, Mahabubnagar Pin code-509002.

STUDENT DATA (2026-27 MBBS Batch)

Affix recent passport size photo

NEET RANK :

NEET ROLL NO :

KNRUHS Merit :

Student Name (Block letters):

Father Name :

Mother Name:

Gender : (M/F)

Category/Caste : Local/Non-Local :

Date of Birth :

SSC Hall Ticket No :

SSC, Month & Year of Passing :

SSC, Maximum & Scored Marks :

Inter Maximum & Scored Marks (P-C-B Only):

Inter Maximum & Scored Marks (English Subject Only):

Total Marks Obtained in Eligibility (NEET) Exam:

Allotted Quota (AIQ and CQ) :

Allotted Details as per KNRUHS (Provisional) Allotted Letters:

Date of Admission : Phase : (I / II / III)

Student Mobile No : Student E-Mail-ID :

Aadhaar No :

Father Mobile No : Father's E-Mail-ID :

Identification Marks (As per SSC/Birth Certificate) :

1.

2.

Permanent Postal Address:

H-No : Street / Village :

Mandal : District :

State : Pin Code: :

Certified that Kum/Sri _____S/o, D/o, _____

_____Studying in MBBS _____ year given information or data is true.

Parents Signature Student Signature

Dt: - -2026.

To

The Director,
Government Medical College,
Mahabubnagar.

Respected Sir,

Sub: - Submission of joining report – Reg.

Ref:

& & &

I_____S/o,D/o_____

Rank No_ _____has been allotted at Government Medical College ,

Mahabubnagar during _____phase of counseling under State / AIQ for the admission into

1st year MBBS for the academic year 2026-2027.

Therefore, kindly I request you to join me for admission.

Thanking you,

Yours Sincerely,

(Student Signature)

Name:

Rank No:

Cell No:

Dt: - -2026.

To,

The Director,
Government Medical College,
Mahabubnagar.

Respected Sir,

Sub: - Undertaking Letter – Reg.

& & &

I_____ S/o, D/o_____ Rank No_ _____has been giving undertaking letter for submission of following pending Original certificates within (10) days, failing of the same may leads to cancellation of my admission.

1.

2.

3.

4.

5.

6.

Therefore, kindly accept my admission for 1st year MBBS for the academic year 2026-2027.

Thanking you,

Yours Sincerely,

Parent signature

Name :

Cell No:

(Student Signature)

Name :

Rank No:

Cell No:

GOVERNMENT MEDICAL COLLEGE, MAHABUBNAGAR

Rc:No. Spl/Acad/GMC-MBNR/2026, Date: .08.2026.

Sub: Acad-GMC-MBNR- Admissions-Fee structure for undergraduate MBBS courses for the Academic Year 2026-27 - Instructions Issued-Reg.

Ref: Lr No: /P3/DME/2024 Dt: 25.05.2024, of the DME, Telangana, Hyderabad.

S/NO	Name of the fee particulars	OC/BC	SC/ST	Frequency
1	Tuition Fee	Rs : 10,000/-	Rs : 10,000/-	YEARLY
2	CDS	Rs : 5,000/-	Rs : 5,000/-	ONCE
3	E-Library	Rs : 2,000/-	Rs : 2,000/-	YEARLY
4	Central Stores	Rs : 2,000/-	Rs : 2,000/-	ONCE
5	Library Fee	Rs : 2,000/-	Rs : 2,000/-	YEARLY
6	Caution Deposit (Non-Refundable)	Rs : 3,000/-	Rs :3,000/-	ONCE
7	Academic Development Fund	Rs : 3,000/-	Rs :1,000/-	ONCE
8	Non-Government Fund	Rs : 2,000/-	Rs : 2,000/-	ONCE
	TOTAL	Rs : 29,000/-	Rs : 27,000/-	

The above amount should be paid in D.D in favor of "College Development Society, GMC, Mahabubnagar" from any nationalized Bank Payable at Mahabubnagar.

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.

Director,
Government Medical College,
Mahabubnagar District.

GOVERNMENT MEDICAL COLLEGE, MAHABUBNAGAR

Rc:No. Spl/Acad/GMC-MBNR/2026, Date: .08.2026.

Sub: Acad-GMC-MBNR- Admissions-Hostel Fee structure for undergraduate MBBS Courses for the Academic Year 2026-27 - Instructions Issued-Reg.

Ref: Lr No:/P3/DME/2024 Dt: 25.05.2024, of the DME, Telangana, Hyderabad.

S/NO	Name of the fee particulars	AMOUNT	Frequency
1	Non-Refundable Amount	Rs : 5,000/-	ONCE
2	Caution Deposit (Refundable)	Rs : 5,000/-	ONCE
3	Rent (Rs 1000/- Per Month-12 Months)	Rs : 12,000/-	YEARLY
4	Hostel Admission Application Fee	Rs : 1,000/-	ONCE
	TOTAL	Rs : 23,000/-	

The above amount should be paid in D.D in favor of "Chief Warden (Hostel) Mahabubnagar Medical College from any nationalized Bank Payable at Mahabubnagar.

Director,
Government Medical College,
Mahabubnagar District.

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

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

UNDERTAKING

I_____, D/o, S/o_____, bearing UG NEET 2025, Rank No_____ (Candidate name)

AND

I_____, F/O _____, bearing UG NEET 2025 Rank No._____ (Parent name)

Hereby give an undertaking as below, in connection with our claims with regard to certificate submitted for admission into UG Medical and Dental courses for the Academic year 2025-26 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 KNR University of Health Sciences.

I also hereby undertaking 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 Candidates.

Aadhar No:

Address:

Date:

Place:

KNRUHS DISCONTINUATION BOND

(0N 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 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 for forfeiture of the bond in accordance to the G.O.Ms.No.125,126 and 127 HM&FW Depot Dated:22.09.2022.

Signature f the candidate.

I,_____(Name of the Parent), parent of Mr./Ms._____(Name of the Candidate), do hereby under-take to pay KNR University of Health Sciences, a sum of Rs.20,00,000/-(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 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 for forfeiture of the bond in accordance to the G.O.Ms.No.125,126 and 127 HM&FW Depot Dated:22.09.2022.

Signature of the Parent.
Permanent address,
& Aadhar card No & Mobile No:

Witness with details of
Permanent address,
& Aadhar card No & Mobile No:

1)

2)

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

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

FORM I (National Medical Commission)
[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 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, Mahabubnagar (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 behaviour 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:

Address:

Tel/Mobile No:

Signature of Witness1:

(Name of Witness 1):
Address:
Signature of Witness2:
(Name of Witness 2):
---------Address:

Xerox copies of Aadhar cards along with Mobile Numbers of witness should be enclosed along with the bond.

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

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/STUDENT

1. 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, Mahabubnagar (Name of College/Institution)affiliated to Kaloji Narayan Rao University of Health Sciences (Name of University hereby 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.

10. 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.

11. 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.

12. 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:
Address:
Tel/Mobile No:

Signature of Witness1:
(Name of Witness 1):
Address:
Signature of Witness2:
(Name of Witness 2):
---------Address:

Xerox copies of Aadhar cards along with Mobile Numbers of witness should be enclosed along with the bond.

PROFORMA FOR HOSTEL ADMISSION IN THE FORM OF AFFIDAVIT
(ON-NON-JUDICIAL STAMP PAPERSOF RS:20/-)
BOND FOR UG - MBBS HOSTEL ADMISSION FOR THE
ACADEMIC YEAR 2025-26

I,_____S/o,D/o,W/o_____hereby affirm

that I shall abide by all the disciplinary rules and regulations stipulated from time to time by the concerned authorities namely the ADMINISTRATIVE OFFICER/WARDEN/CHIEF WARDEN/DIRECTOR. If I bypass/disobey/violate any of the regulations stipulated, I shall readily be removed at the very next moment from the hostel as well as from the college.

I, further promise that I shall not accommodate any other person including my parent, friends or other relatives in my room at any time, during the entire period of my stay in the hostel.

I, hereby agree that I shall vacate hostel accommodation/whenever college authority give instructions/at the close of my stipulated period of studies of 4 ½ yrs.

I shall pay regularly the hostel fees. I shall vacate immediately after annual examinations. I shall keep the premises clean and shall not destroy the Government property. I shall be held liable for recovery if any property of the college/hostel caused damage by me.

I, hereby agree that if I leave or abscond from the hostel without consent letter from my parents and without permission of the Director of Government Medical College, Mahbubnagar I shall be liable to pay the Hostel fee of the entire academic years.

I, Promise that I will not leave the hostel after 09.00 pm without the permission of the warden/ in charge.

I, shall not use any Electronic/Electrical items including water heater, Induction stove, Rice cooker, Radio, transistor, T.V., loud speaker etc.

I, Promise that I will not involve in any illegal activity i.e. Ragging, consumption of Alcohol /tobacco/narcotics/toxic material or damage inside the college/Hostel premises.

Signature of Parent	Signature of Student
Aadhar No:	Aadhar No:
Mobile no:	Mobile no:

Witness Signature:

Aadhar No.:

Mobile no: