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 2022-23

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:

1)

2)

PRATHIMA INSTITUTE OF MEDICAL SCIENCES

(An Institute of Prathima Educational Society, Regd.)
NAGUNUR, KARIMNAGAR (Dist.) Pin: 505415. T.S. India. Tel : 0878-2216380, 2216381.

The gift of life

Date: 26.09.2024

ADMISSION FOR M.B.B.S COURSE FOR THE ACDEMIC YEAR 2024-25

1ST MBBS COMPETENT AUTHORITY QUOTA STUDENTS

The candidates who are selected for 1st MBBS 2024-2025 batch under **Competent Authority Quota** are hereby request to submit the following **All originals certificates along with three (03) sets of Xerox copies including One set Xerox copy self attested by the candidate.**

LIST OF CERTIFICATES:

1. NEET-2024 HALL TICKET
2. NEET-2024 RANK CARD
3. ALLOTMENT ORDER, issued by KNR UHS.
4. S.S.C. Memo or (CBSE/ICSE Pass Certificate & Statement of Marks Memo)
5. Intermediate Marks Memo or
   (CBSE/ICSE Pass Certificate & Statement of Marks Memo)
6. Transfer Certificate
7. Caste Certificate/Minority Certificate/EBC/EWS Certificate
8. Equivalency Certificate
9. Migration Certificate
10. Gap certificate issued by (Tahsildar)
11. Non-Judicial stamp paper of Rs.100 with Notary for discontinuation of the course (20 lakh).
12. Non-Judicial stamp paper of Rs.100 for genuine of certificates.
13. Study Certificates (1st to Inter Mandatory)
14. Certificates verification receipt issued by KNR UHS
15. Local Certificate/Resident Certificate
16. NCC/CAP/PMC/PWD/Anglo Indian Certificate
17. Student Aadhar card **Xerox**
18. Ten (10) Passport size photographs.
19. DD should be drawn on “Prathima Institute of Medical Sciences College, payable at Karimnagar.

Note: 1. The candidates are advised to have sufficient number of Xerox copies of certificates for their future needs as the originals will be given only after completion of the course.
2. For any queries please contact: 8977544565 at Office hours.

Sd/
DEAN

PRATHIMA INSTITUTE OF MEDICAL SCIENCES

(An Institute of Prathima Educational Society, Regd.)
NAGUNUR, KARIMNAGAR (Dist.) Pin: 505415. T.S. India. Tel : 0878-2216380, 2216381

The gift of life

Date: 26.09.2024

ADMISSION FOR M.B.B.S COURSE FOR THEACDEMIC YEAR 2024-25

1ST MBBS MANAGEMENT QUOTA - B & C (NRI) STUDENTS

The candidates who are selected for 1st MBBS 2024-2025 batch under **MANAGEMENT QUOTA - B & C (NRI)** are hereby request to submit the following **All originals certificates along with three (03) sets of Xerox copies including One set Xerox copy self attested by the candidate.**

LIST OF CERTIFICATES:

1. NEET-2024 HALL TICKET
2. NEET-2024 RANK CARD
3. ALLOTMENT ORDER, issued by KNR UHS.
4. S.S.C. Memo or (CBSE/ICSE Pass Certificate & Statement of Marks Memo)
5. Intermediate Marks Memo or
   (CBSE/ICSE Pass Certificate & Statement of Marks Memo)
6. Transfer Certificate
7. Caste Certificate/Minority Certificate/EBC/EWS Certificate
8. Equivalency Certificate
9. Migration Certificate
10. Gap certificate issued by (Tahsildar)
11. Non-Judicial stamp paper of Rs.100 with Notary for discontinuation of the course (20 lakh).
12. Non-Judicial stamp paper of Rs.100 for genuine of certificates.
13. Study Certificates (1st to Intermediate Mandatory)
14. Certificates verification receipt issued by KNR UHS
15. Local Certificate/Resident Certificate
16. NCC/CAP/PMC/PWD/Anglo Indian Certificate
17. Student Aadhar card **Xerox**
18. Ten (10) Passport size photographs
19. **Documents related to NRI Quota :**
    1. NRI sponsorship certificate (declaration form)
    2. NRI status certificate of the financial supporter issued by embassy of respective country under their seal.
    3. Copy of NRI Bank accounts pass book of the financial supporter.
    4. Copy of passport of NRI financier.
    5. Address proof of NRI

Note: 1. The candidates are advised to have sufficient number of Xerox copies of certificates for their future needs as the originals will be given only after completion of the course.
2. DD should be drawn on "Prathima Institute of Medical Sciences College, payable at Karimnagar.
2. For any queries please contact: 8977544565 at Office hours.

Sd/
DEAN

PRATHIMA INSTITUTE OF MEDICAL SCIENCES

(An Institute of Prathima Educational Society, Regd.)

NAGUNUR, KARIMNAGAR (Dist.) Pin: 505415. T.S. India. Tel : 0878-2216380, 2216381

The gift of life

Date: 18.09.2025

ADMISSION FOR M.B.B.S COURSE FOR THE ACADEMIC YEAR 2025-26

1ST MBBS COMPETENT AUTHORITY QUOTA STUDENTS

The candidates who are selected for 1st MBBS 2025-2026 batch under **Competent Authority Quota** are hereby request to submit the following **All originals certificates along with three (03) sets of Xerox copies including One set Xerox copy self attested by the candidate.**

LIST OF CERTIFICATES:

1. NEET-2025 HALL TICEKT
2. NEET-2025 RANK CARD
3. ALLOTMENT ORDER, issued by KNR UHS.
4. S.S.C. Memo or (CBSE/ICSE Pass Certificate & Statement of Marks Memo)
5. Intermediate Marks Memo or (CBSE/ICSE Pass Certificate & Statement of Marks Memo)
6. Transfer Certificate
7. Caste Certificate/Minority Certificate/EBC/EWS Certificate
8. Equivalency Certificate
9. Migration Certificate
10. Gap certificate issued by (Tahsildar)
11. Non-Judicial stamp paper of Rs.100 with Notary for discontinuation of the course (20 lakhs).
12. Non-Judicial stamp paper of Rs.100 for genuine of certificates.
13. Study Certificates (1st to Inter Mandatory)
14. KNR UHS Registration Application form
15. Certificates verification receipt issued by KNR UHS
16. Local Certificate/Resident Certificate
17. NCC/CAP/PMC/PWD/Anglo Indian Certificate
18. Student Anti Ragging Bond (Non-Judicial stamp paper of Rs.100/- - Annexure-I)
19. Parent / Guardian Anti Ragging Bond (Non-Judicial stamp paper of Rs.100/- - Annexure-II)
20. Student Aadhar card **Xerox**
21. Ten (10) Latest Passport size photographs

Note: The candidates are advised to have sufficient number of Xerox copies of certificates for their future needs as the originals will be given only after completion of the course.

PRINCIPAL

KNR UHS 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 2025-26

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/- (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&FM Dept. Dated: 22.09.2022

Signature of the Parent

Witnesses:

1)

2)

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

UNDERTAKING

I, ... (Candidate name)

S/o / D/o..... , bearing UG NEET 2025 Rank No .....

and

I, ... (Parent name)

F/o ....., bearing UG NEET 2025 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 2025-26 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:

ANNEXURE-II

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 Course) with Admission No_____ at Prathima Institute of Medical Sciences, Nagunur, Karimnagar (name of college/Institution) affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal Hereby declare that I have received a copy of the Regulations for prevention and Prohibition of ragging in Medical Colleges/Institutions, 2021 of the National Medical Commission (NMC).

2. I have carefully read and fully understood the provisions in these Regulations.

3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging".

4. I have also in particular perused 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 conspiracy to promote ragging.

5. I hereby undertake that my son/daughter/ward:-
   (i) Will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations.
   (ii) Will not participate in or abet or propagate ragging in any from included but not limited to those that may be constituted under Section 3 of these 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 provision of the NMC Regulations mentioned above and/or as per the law in force.

7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, he/she 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 _____day of _____month of_____year

Signature of the Parent/Guardian
Name:
Address:

Signature of Witness 1
(Name of Witness 1)
Address:
Tel/Mobile No.

Signature of Witness 2
(Name of Witness 2)
Address:
Tel/Mobile No.

ANNEXURE-I
FORMAT OF UNDERTAKING BY THE STUDENT

1. 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 Prathima Institute of Medical Sciences, Nagunur, Karimnagar (name of college/Institution) affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal have received a copy of the Regulations for prevention and Prohibition of ragging in Medical Colleges/Institutions, 2021 of the National Medical Commission (NMC).

2. I have carefully read and fully understood the provisions in these Regulations.

3. I have particularly perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging".

4. I have also in particular perused 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 a part of 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 Section 3 of these regulations.
   (ii) I will not participate in or abet or propagate ragging in any from included but not limited to those that may be constituted under Section 3 of these 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 NMC Regulations mentioned above and/or as per the law 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 _____day of _____month of_____year

Signature of the candidate
Name:
Address:

Signature of Witness 1
(Name of Witness 1)
Address:
Tel/Mobile No.

Signature of Witness 2
(Name of Witness 2)
Address:
Tel/Mobile No.

PRATHIMA INSTITUTE OF MEDICAL SCIENCES
NAGUNUR, KARIMNAGAR
STUDENT DETAILS FOR ADMISSION INTO
1ST MBBS COURSE FOR THE ACADEMIC YEAR 2025-26

PHOTO

Instructions: *1. Write Application in CAPITAL letters only. 2. Ensure all sections are accurately filled out. 3. Attach all required documents as per the checklist provided.*

DATE : _____/_____/_____ APPLICATION NO **(for office use) :** _____

1. NEET details :

NEET HALL TICKET NO : _____ NEET ALL INDIA RANK : _____

NEET SECURED MARKS **(Max. Marks 720)** : _____ NEET PERCENTILE : _____

2. Allotment details :

ALLOTTED QUOTA : _____ ALLOTTED PHASE : _____
(Convener Quota –A / Management Quota –B / Management Quota –C (NRI))

KNR UHS REGISTRATION NO : _____ (**KNR UHS MERIT LIST**) STATE RANK : _____

ALLOTTED REGION **(OU/AU/SVU/Others)** _____ ALLOTTED LOCALITY **(LOCAL/UNR/Others):** _____

ALLOTTED DETAILS AS PER KNR UHS : _____

ALLOTTED CATEGORY(**OC/EWS/BC-A/BC-B/BC-C/BC-D/BC-E/SC/ST/OBC/GENERAL) :** _____

ALLOTTED GENDER CATEGORY **(GENERAL/ FEMALE)** : _____

ALLOTTED SPECIAL CATEGORY **(PH/MSM/NCC/SPORTS/CAP/PWD/PMC/OTHERS)** : _____

3. Personal information:

NAME OF THE CANDIDATE : _____
(As per Inter or Equivalent)
FATHER'S NAME : _____

MOTHER'S NAME : _____ MOTHER TONGUE : _____

DATE OF BIRTH **(As per SSC) :** _____/_____/_____, AGE: _____, PLACE OF BIRTH: _____

GENDER : MALE/FEMALE PHYSICALLY HANDICAPPED : YES/NO LOCAL/NON-LOCAL

CATEGORY **(OC/BC-A,B,C,D,E,/SC/ST/OTHERS)** : _____ SUB CASTE (**Caste Name):** _____

NATIONALITY : _____ RELIGION : _____ BLOOD GROUP: _____

FATHER'S OCCUPATION & ANNUAL INCOME : _____

STUDENT AADHAR NO _____ DOMISILE STATE : _____

IDENTIFICATION MARKS : 1. _____
(As per SSC Memo/Birth Certificate)
2. _____

Verified by: ADMISSION COMMITTEE : ***PRINCIPAL :***

CHIEF ADMINISTRATIVE OFFICER : **REGISTRAR & A.O :**

ACCOUNTS SECTION : **ACADEMIC SECTION :**

4. Contact Information

PERMENANT ADDRESS WITH PIN CODE : _____

_____

_____

FATHER 'S MOBILE NO : _____ STUDENT MOBILE NO : _____

STUDENT E-Mail ID only **(In CAPITAL letters) :** _____

5. Academic Information

Description of Courses	Medium of Instruction	Hall Ticket Number	Name of School/ College	Month & Year of Passing	Board/University
SSC/CBSE/ICSE					
Intermediate					

INTERMEDIATE **(TS/AP STATE BOARD/CBSE/ICSE/OTHERS) :** _____

INTERMEDIATE COLLEGE STUDIED & DISTICT : _____

Marks obtained in the qualifying examinations :

Subject	Max: Marks (Include Practical Marks)	Marks Scored	Percentage %
Botany	150		
Zoology	150		
Physics	150		
Chemistry	150		
Total	600		
English	200		
Inter Total Marks	1000		

Marks Obtained in SSC/CBSE/ICSE/OTHERS	Max. Marks: 600	Marks:	Grade :	Percentage :

6. Declaration by the Candidate

I _____ declare that the information given above is true to the best of my knowledge.

Signature of the PARENT/GUARDIAN

Signature of the Candidate

7. Checklist of Required Documents:

[All originals certificates along with three(03) sets of Xerox copies (one set Xerox copy all pages student signature and full name) are to be submitted in following order]

(Note: Student Date of Birth before 2nd January 2009 only are eligible for admission as the student has to be 17 years old)

1. NEET-2025 HALL TICEKT
2. NEET-2025 RANK CARD
3. ALLOTMENT ORDER, issued by KNR UHS.
4. S.S.C. Memo or (CBSE/ICSE Pass Certificate & Statement of Marks Memo)
5. Intermediate Marks Memo or (CBSE/ICSE Pass Certificate & Statement of Marks Memo)
6. Transfer Certificate
7. Caste Certificate/Minority Certificate/EBC/EWS Certificate
8. Equivalency Certificate
9. Migration Certificate
10. Gap certificate issued by (Tahsildar)
11. Non-Judicial stamp paper of Rs.100 with Notary for discontinuation of the course (20 lakhs).
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14. KNR UHS Registration Application form
15. Certificates verification receipt issued by KNR UHS
16. Local Certificate/Resident Certificate
17. NCC/CAP/PMC/PWD/Anglo Indian Certificate
18. Student Anti Ragging Bond (Non-Judicial stamp paper of Rs.100/- - Annexure-I)
19. Parent / Guardian Anti Ragging Bond (Non-Judicial stamp paper of Rs.100/- - Annexure-II)
20. Student Aadhar card **Xerox**
21. Ten (10) Latest Passport size photographs

Signature of the Admission Committee **PRINCIPAL**

* Due Certificates should be submitted with in a one week:

1. 2.

3. 4. Signature of the candidate

PRATHIMA INSTITUTE OF MEDICAL SCIENCES
(An Institute of Prathima Educational Society, Regd.)
The Gift of Life NAGUNUR, KARIMNAGAR (Dist.) Pin: 505 415. T.S. India. Tel: 0878-2216380, 2216381

Ref:PIMS/Accts./ /2025 Date: 20.09.2025

FEE STRUCTURE FOR MBBS (2025-26)

The following is the Tuition Fee as per G.O.M.S.No.106 Dated. 28-07-2023 of the Health Medical & Family Welfare (C1) department, Govt of Telangana.

Categories	A(Convenor Quota)	B(Management)	C(NRI)
Tuition Fee	60,000/-	12,00,000/-	24,00,000/-

DD to be Paid In Favour Of

"PRATHIMA INSTITUTE OF MEDICAL SCIENCES – COLLEGE"

Payable at Karimnagar.

20/09/25

PRINCIPAL
Prathima Institute of Medical Sciences
NAGUNUR-KARIMNAGAR