



::GOVERNMENT MEDICAL COLLEGE:: MAHESHWARAM::

::TELANGANA::

ADMISSION FOR MBBS COURSE 2026-27

UG Admission Committee:

1. Dr. B.Triveni, Principal
2. Dr. M.Umashankar, Vice Principal (Admin I)
3. Dr. L.Vinodini, Vice Principal (Admin II)
4. Dr. B.Kiranmai, Vice Principal (Acad I)
5. Dr. T.Chakradhar, Vice Principal (Acad II)
6. Dr. A.Sujatha Rani, Professor & HOD, Biochemistry
7. Dr. I.Srilakshmi, Professor & HOD, Pathology
8. Dr. G.S.Prema, Professor & HOD, Physiology
9. Dr. M.L.Kavitha Latha, Professor & HOD, Microbiology
10. Dr. G.Venu Gopal Rao, Professor & HOD, Forensic Medicine & Toxicology
11. Dr. D.Sreedhar, Associate Professor, Community Medicine
12. Dr. Muralidhar, Associate Professor, Pharmacology
13. Dr. Abdul Raoof Siddiqui, Associate Professor, Physiology
14. Dr. T.Ramchandrar, Associate Professor, Community Medicine
15. Dr. S. Anitha, Associate Professor, Pathology
16. Mr.B. Prudvi, Administrative Officer

For Queries and Information:

Contact: P. Ashwin Rupani,
Office Superintendent (Academic)
Contact No: 9494529871

Reporting Time from 10:00A.M to 4:00 P.M (BIET Campus, O – Block, Mangalpally)

- Candidates who want to give willingness for upgradation for Round - 2, while retaining Round-1seat, "HAVE TO REPORT PHYSICALLY" at the allotted institute to confirm their admission.
- For allotment under OBC Quota, OBC Certificate issued by the concerned state government only is valid
- For allotment under PWD quota, certificate issued this year by the medical board of medical counselling committee authorised centres only.

**OFFICE OF THE PRINCIPAL
GOVERNMENT MEDICAL COLLEGE, MAHESHWARAM
RANGREDDY DISTRICT**

Check List 2026-27

All the candidates who have been allotted MBBS seats in UG counselling, in this in statute are here by directed to submit the following documents:

- 1) Application (Joining Report)
- 2) Provisional Allotment order
- 3) NEET Hall Ticket
- 4) NEET Rank Card
- 5) SSC Pass Certificate (Date of Birth reference) or its equivalence
- 6) 12th/ Intermediate or equivalence certificate
- 7) Bonafide / Study and Conduct Certificate (1st to Inter)
- 8) Intermediate Marks Memo
- 9) Transfer Certificate
- 10) Migration Certificate (if applicable) / Equivalence Certificate (if studies in other state)
- 11) Social Status Certificate
- 12) EWS Certificate for the year 2026-27 issued by Tahsildar of State of Telangana (if applicable)
- 13) Minority Certificate (if applicable)
- 14) Latest Parental income certificate (is applicable)
- 15) PWD Certificate (if applicable) **certificate issued his year by the Medical Board of Medical Counselling committee authorized centers**
- 16) D.D in Favour of " The Registrar, KNR University of Health Sciences, Warangal
"PAYABLE AT WARANGAL" Fee Rs 12000/- (All India quota students only)
- 17) College Fee DDs In Favour of "GOVERNMENT MEDICAL COLLEGE MAHESHWARAM – CDS A/C"
Amount of Rs.5000/-
In Favour of "GOVERNMENT MEDICAL COLLEGE MAHESHWARAM - ADF A/C" Amount of
Rs 24000/- (OC, BC) and Rs. 22,000/- (SC, ST)
- 18) Processing Fee of Rs 2000/- DD in favor of "GOVERNMENT MEDICAL COLLEGE
MAHESHWARAM – CDS A/C" in case of candidate sliding to other college, in sub sequent rounds
uniform processing charges to be deducted and the remaining amount is to be refunded to the candidate
- 19) 4 Passport size photos
- 20) Aadhaar Card Xerox Copy
- 21) GAP Certificate (if applicable)
- 22) Discontinuation Bond Paper Rs.100 (for Rs.20 Lakhs)
- 23) On non Judicial stamp paper of Rs.100 (Genuinity of certificate).
- 24) On non Judicial stamp paper of Rs.100 (Antiragging affidavit by the Student)
- 25) On non Judicial stamp paper of Rs.100 (Antiragging affidavit by the Parent)

The above certificates will not be returned to him/ her unless she/he completes the course as per norms of KNR
University of Health Sciences, Warangal, Telangana State.

NOTE: 2 SETS OF XEROX COPIES OF ALL CERTIFICATES AND BONDS SHOULD BE SUBMITTED

Principal
GMC, Maheshwaram
Rangareddy District

GOVERNMENT MEDICAL COLLEGE, MAHESHWARAM, MBBS BATCH 2026-2027

PERSONAL DATA SHEET OF CANDIDATES

1. Full Name of the Candidate :
(In Block Letters as per Intermediate Certificate)
2. Date of Birth and Age (As per SSC). :
3. Gender :
4. Name of Father :
5. Name of Mother :
6. Temporary Address :
7. Permanent Address :
8. Parents Phone No :
Email ID
9. Contact Details of Guardian/Mobile :
10. Name of the College where the Candidate :
Last Studied (Inter /10+2)
11. Local Status :
12. Any Significant Medical History /Allergies. :
(Any Medical Condition under Treatment
Submit medical records at time of joining the
College for precautionary measures)
13. Hobbies/Special Talents :
14. Email :

Signature of Parents / Guardian

NOTARY (ON NON-JUDICIAL STAMP PAPER OF RS.100/-)

ANNEXURE I

AFFIDAVIT BY THE STUDENT

I.....Registration No.....S/o, D/o....., having been admitted to, **Government Medical College, Maheshwaram** has received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009. (Hereinafter called the "Regulations") carefully read and fully understood the provisions constrained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what fully constitutes ragging.

3) I have also, In particular, Perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly ever and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging

under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission

or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further that affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this day of month of year.

Signature of the Student

Witness I

Name:

Name and Signature

Address:

Address

Telephone/Mobile No.

Witness II

Name and Signature

Address

NOTARY (ON NON-JUDICIAL STAMP PAPER OF RS.100/-)

ANNEXURE- II

AFFIDAVIT BY PARENT / GUARDIAN

1) Mr./Mrs./Ms..... (full name of parent/guardian) father /mother /guardian
of..... (full name of student with admission/registration/enrolment number) having been
Admitted to **Government Medical College, Maheshwaram**, have received a copy of the UGC Regulations on Curbing
the Menace of Ragging in Higher Educational Institutions 2009. (Here in after called the "Regulations") carefully read
and fully. Understood the provisions constrained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what fully. Constitutes ragging.

3) I have also, In particular, Perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and
administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or
passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly ever and undertake that

a) My ward will not indulge in any behavior or act that may be constituted as
ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or commission that may be
constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or
any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on
account of being found guilty of, abetting or being part of a conspiracy to promote, ragging and further that affirm
that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declare this day of month of year.

Signature of the Parent

Witness I

Name:

Name and Signature

Address:

Address

Telephone / Mobile No.

Witness II

Name and Signature

Address

BOND

(Non Judicial Stamp Paper for Rs 100/-)

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

UNDERTAKING

I Mr /Ms _____

S/o, D/o _____ Selected for MBBS Course

Do hereby undertake to complete the course as per the requirements of KNR University of Health Sciences. In the event of my discontinuing the studies after joining the course, after the date of free exit, I undertake to pay KNR University of Health Sciences a sum of **Rs 20,00,000 (Rupees Twenty Lakhs only)**

Signature of the Candidate

I Mr /Mrs _____ parent of
Mr /Ms _____ do here by undertake to pay to 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 after the date for free exit by my Son/Daughter .

Date

Signature of Parent

Witnesses

1. Signature

Name & Address in Full

2. Signature

Name & Address in Full

(Sureties by Income Tax Payees / Gazetted officers only)

(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 and the Principal of Government Medical College Maheshwaram to a sum of Rs.20,00,000/-only (Rupees Twenty lakhs only), I hereby stand a 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 as um 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 Maheshwaram 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.:.....

(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 Maheshwaram 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 Maheshwaram 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 AFFIDAVIT

(ON NON –JUDICIAL STAMP PAPERS OFRS.100/-)

UNDERTAKING

I, (Candidate name)

S/o/ D/o, bearing UG NEET 2026

Rank. No.and I, (Parent name)

F/o/M/o....., bearing UG NEET 2026.

Rank Nohere by give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into UG Medical Courses 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

Aadhaar No.

Address:

Date: Place:

GOVERNMENT MEDICAL COLLEGE, MAHESHWARAM

UG-MBBS ADMISSION FEE STRUCTURE (2026-2027)

SL No	Description	OC/BC	SC/ST	Frequency
1	Tuition Fee	10000-0	10000-00	Yearly
2	CDS	5000-00	5000-00	One Time
3	E Library	2000-00	2000-00	Yearly
4	Central Stores	2000-00	2000-00	One Time
5	Library Fee	2000-00	2000-00	Yearly
6	Caution Deposit	3000-00	3000-00	One Time
7	Academic Development Fund	3000-00	1000-00	Onetime
8	Non Government Fund	2000-00	2000-00	One Time
	TOTAL	29000-00	27000-00	

Two DDs to be taken

1. D.D INFAVOUR of: "GOVERNMENT MEDICAL COLLEGE MAHESHWARAM CDS A/C" PAYABLE AT HYDERABAD an Amount of 5000 Rupees (Five thousand only)

2. D.D INFAVOUR of: "GOVERNMENT MEDICAL COLLEGE MAHESHWARAM ADF A/C" PAYABLE AT HYDERABAD an Amount of 24000 Rupees (Twenty four thousand only) for OC / BC & an Amount of 22000 Rupees (Twenty two thousand only) for SC/ST Categories

University Fees (For AIQ Students only)

Sl No	Description	Amount
1	University Fee	12000-00

DEMAND DRAFT IN FAVOUR OF "The Registrar, KNR University of Health Sciences, Warangal" PAYABLE AT WARANGAL"

GOVERNMENT OF TELANGANA
REQUISITION FOR IDENTITY CARD
GMC- MAHESHWARAM-2026-27

To be filled BLOCK LETTERS

Name of the Student :

Department/Course:

Batch :

Affix Passport
Size Photo

Date of Birth :

Blood Group :

Signature of Student

Full Permanent Address

With Pin code :

Mobile No :

Kindly Issue Identity card :

ADMN.OFFICER (ACAD)

GOVERNMENT MEDICAL COLLEGE

MAHESHWARAM

		NAME & ADDRESS OF THE COLLEGE (As per College Letter Head) GOVERNMENT MEDICAL COLLEGE , MAHESHWARAM, RANGAREDDY DISTRICT, TELANGANA		Photo
KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL - 506007				
DETAIL OF THE CANDIDATE ADMITTED IN TO UG (MBBS) COURSE FOR THE ACADEMIC YEAR 2026-2027				
S. No.:	NEET Rank:	NEET Roll NO:	KNRUHS Merit:	
Student Name:				
Father's Name:				Gender:
Address:				
Category/Caste:		Local / Non - Local:		
		DOB (DD/MM/YYYY):		
Qualifying Examination Board:		Allotted Quota(AIQ,CQ,MQ):		
Allotted Details as per KNRUHS Allotment Letter:				
Site/College Code:				
Mobile Number (10Digits Only):				
Email ID:				
Aadhaar Number:				
Total Marks Obtained in Eligibility Exam:			Maximum Marks in Eligibility Exam: 1000	
Identification Marks (As per SSC/Birth Certificate)		1)		
		2)		
Signature of the Candidate		Signature of the Principal along with the Official Seal		

KNRUHS DETAILS		
1	NEET ROLL NUMBER	
2	NEET RANK	
3	STUDENT NAME (AS PER INTERMEDIATE CERTIFICATE / EQUIVALENCE)	
4	FATHER NAME (AS PER INTERMEDIATE CERTIFICATE / EQUIVALENCE)	
5	MOTHER NAME (AS PER INTERMEDIATE CERTIFICATE / EQUIVALENCE)	
6	GENDER	
7	ADDRESS	
8	DOMICILE STATE OR UT (YOUR NATIVITY OR PERMANENT ADDRESS)	
9	CATEGORY OC SC ST BCA BCB BCC BCD BCE EWS OTHERS FOR CANDIDATES JOINED IN AIQ WHOSE CATEGORY IS OBC - PLEASE SELECT OTHERS IN CATEGORY LIST	
10	LOCALITY OU-(Telangana Region) AU- (Andhra Region) SVU-(Rayalaseema Region) NL- (Non Local)	
11	SERVICE CANDIDATE (YES OR NO) TYPE NO IF YOU ARE UG (MBBS) STUDENT	
12	DOB (DD/MM/YYYY)	
13	ALLOTTED QUOTA:- CQ-COMPETENT AUTHORITY QUOTA AIQ- ALL INDIA QUOTA STRAY	

14	PHASE:- P1 P2 P3--Aka Mop Up P4 P5 P6 STRAY	
15	ALLOTTED LOCALITY LOC-Local UNR-Unreserved Region AIQ- All India Quota	
16	ALLOTTED CATEGORY OC SC ST BCA BCB BCC BCD BCE EWS OBC	
17	ALLOTTED SPL CATEGORY NCC CAP PHO NA NA- NOT APPLICABLE	
18	MOBILE NUMBER(10DIGITSONLY)	
19	EMAIL ID (EX-XXXXXX@GMAIL.COM	
20	AADHAR NUMBER (12DIGITS)	
21	SSC / CBSE / ICSE (X) HALLTICKET NUMBER	
22	SSC / CBSE / ICSE (X) Month and year of pass	

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 thereunder, 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: