ANNEXURE – I
(ANTI RAGGING)
AFFIDAVIT BY THE STUDENT

I,_____, Admn. No. _____
S/o. / D/o_____, having been admitted to NOVA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE, JAFFERGUDA, ABDULLAPURMET (M), RANGA REDDY DT., HYDERABAD- 501512 have 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 contained in the said Regulations.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. 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.
3. I hereby solemnly aver 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.
4. I hereby affirm that, if found guilty of ragging, I am liable for 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.
5. 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 affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
6. I hereby declare that I submit online Undertaking to the website www.antiragging.in and www.amanmovement.org.

Declared on this date (DD/MM/YYYY) : _____

Signature of deponent
Name:
Address:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at Hyderabad on this date: _____

Signature of deponent

Solemnly affirmed and signed in my presence on this date:_____after reading the contents of this affidavit.

OATH COMMISSIONER

ANNEXURE – II

(ANTI RAGGING)

AFFIDAVIT BY THE PARENT

I, _____, F/o / M/o.___
_____ Admn. No. _____
_____, having been admitted to NOVA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE, JAFFERGUDA, ABDULLAPURMET (M), RANGA REDDY DT., HYDERABAD- 501512 have 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 contained in the said Regulations.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. 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 my ward in case he is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
3. I hereby solemnly aver 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 omission that may be constituted as ragging under clause 3 of the Regulations.
4. I hereby affirm that, if found guilty of ragging, I am liable for 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.
5. 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 affirm that, in case the declaration is found to be untrue, I am aware that my ward's admission will be liable to be cancelled.
6. I hereby declare that I submit online Undertaking to the website www.antiragging.in and www.amanmovement.org.

Declared on this date (DD/MM/YYYY): _____.

Signature of deponent
Name of the parent:
Address:
Mobile No:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at Hyderabad on this Date: _____.

Signature of deponent

Solemnly affirmed and signed in my presence on this date: _____after reading the contents of this affidavit.

OATH COMMISSIONER

ANNEXURE – III A

(NON-JUDICIAL STAMPED PAPER FOR RS.100/-)

SURETY - BOND

I Mr/Ms ……. S/o, D/ o.....1st year MBBS student, joined at Nova Institute of Medical Sciences and Research Centre in the year 2026-27 under Convener Quota / Management Quota (B & C Categories) , do hereby undertake to complete the said course as per the requirements of the KNR University of Health Sciences, Warangal and as per the norms of the management of Nova Institute of Medical Sciences and Research Centre, Jafferguda, Abdullapurmet(M), Ranga Reddy Dt., Hyderabad- 501512 that in the event of my leaving the studies in the mid-term after closing of admissions , I undertake to pay to Nova Institute of Medical Sciences And Research Centre, Jafferguda the balance of fees for the remaining period of the course.

Date:

Signature of the Candidate

Mobile .No:

Witnesses:

1. Signature :
   Name & Address :
   Mobile No :

2. Signature :
   Name & Address :
   Mobile :

Signature of the Parent

Address:

Mobile .No:

DECLARATION BY CANDIDATE

(Non-Judicial Stamped paper for Rs. 100/-)

I, Dr. ..... S/o, D/o ----------

selected for MBBS/BDS_____for the year 2026 - 2027 under Competent Authority Quota / Management Quota / NRI Quota at_Medical College affiliated to KNRUHS. I do hereby declare that I am not admitted into MBBS/BDS Course in any Medical/Dental College in the country at present which amounts to seat blocking. I have been informed by the Principal that in the event of detection at a later date of the candidate being admitted in any other Medical/Dental College for UG Course simultaneously, the candidate will be liable for penal action by the National Medical Commission/ Kaloji Narayana Rao University of Health Sciences/Government.

DATE : **Signature of the Candidate**

Name and address in full

Signed in my presence
Attested by

Principal of the College with seal

(ANNEXURE-IV)

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

GENUINITY OF CERTIFICATES

UNDERTAKING

I,..... S/o

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

No.....

and

I,.....M/o/F/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 course 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

Adhar No: Adhar No:

Address:

Address:

Date (DD/MM/YYYY):

Place:

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAIKNG IN THE FORM OF AFFIDAVIT

(ONNON-JUDICIAL STAMP PAPERS OF RS100/-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 hereby undertake to pay KNR University of Health Sciences, Telangana 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)

Nova Institute Of Medical Sciences And Research Centre

Jafferguda, Abdullapurment (M), Ranga Reddy Dt., 501512, Telangana

PROVISIONAL ADMISSION SLIP

This is to certify that Mr./Miss _____

S/o, D/o_____bearing admission no. _____

Had handed over the following certificates in our college at the time for admission in 1st year MBBS for the academic year 2026-27

Sl.no	Certificate / Document	Y/N
1	**Admit Card** of NEET UG – 2026	
2	**Score/Rank Card** of NEET UG – 2026	
3	KNRUHS **Allotment Order** copy – 2026	
4	Original **SSC** or Equivalent Examination Certificate	
5	Original Memorandum of marks in **Intermediate** or Equivalent Examination (10+2)	
6	Original Latest **Caste Certificate** (if applicable) issued by MRO / Tahsildar (Minority Certificates for Muslim Candidates)	
7	Original **Study Certificates** from **IX** class to **XII** (Intermediate) – Mandatory	
8	Original **Transfer Certificate**	
9	Original Latest **Resident Certificate**	
10	**Equivalency Certificate** issued by Telangana State Board of Intermediate Education	
11	Original **Migration Certificate** MRO / Tahsildar	
12	Self-attested copy of **Aadhar Card** of Student	
13	Bonds (non-judicial stamp paper of Rs. 100/-) – 6	
14	Original **Certificate Verification** Copy – 2026	
15	EWS Certificate for the year 2026 – 27 claiming reservation under EWS Categories issued by Competent Authority (Tahsildar) of State of Telangana (if applicable)	
16	Original Latest parental **Income certificate** issued by MRO / Tahsildar	
17	NOC Certificate / CAP Certificate / PMC Certificate /Anglo Indian Certificate (If applicable)	
18	**GAP Certificate** (if applicable) issued by MRO /Tahsildar	
19	Passport Size Photographs of student- **6** Nos. & Parents – **02** Nos	
20	**Aadhar card** copy – Student & Parent	
21	**2 Sets** of self-attested xerox Copies of above Certificates	
22	Tuition Fee paid	

Signature of the Student Checked by Co-Ordinator

NOVA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE Affiliated to Kaloji Narayana Rao University of Health Sciences (KNRUHS), Warangal

OFFICIAL ADMISSION FEE CIRCULAR

Category	Fee Per Annum (₹)
A Category	₹60,000.00
B Category	₹11,55,000.00
C Category	₹23,10,000.00

NOTE: Seat allotment is carried out through counseling based on KNRUHS merit and NMC guidelines.

Important Instructions

• Admissions are subject to KNRUHS, Government of Telangana and applicable regulatory guidelines.

• Any revision notified by competent authorities shall be binding.

• Fee shall be paid within the prescribed schedule.

Principal **Accounts Officer** **Admission In-charge**