MNR MEDICAL COLLEGE & HOSPITAL

MNR Nagar, Fasalwadi, Sangareddy – 502294

MBBS ADMISSIONS - 2026-27

CHECK LIST - "A – Cat"

Original Certificates:

1. ☐ NEET Hall Ticket
2. ☐ NEET Rank Card
3. ☐ University Allotment Order
4. ☐ SSC Marks Memo (Long Memo)
5. ☐ Intermediate Marks Memo (Long Memo)
6. ☐ Equivalence Certificate for students studied in other states and foreign countries
7. ☐ Migration Certificate for students studied in other states and foreign countries
8. ☐ Study Certificate from 9th to 12th
9. ☐ Transfer Certificate
10. ☐ Latest Caste Certificate & Income Certificate - if applicable (from Govt. of Telangana)
11. ☐ Gap Certificate - if passed in 2024 (or) before **from MRO**
12. ☐ **Notarized** discontinuation Bond (Rs.20,00,000/-) on Rs.100/- Non judicial Stamp Paper
13. ☐ **Notarized** declaration Bond (Genuinity bond) on Rs.100/- non judicial Stamp Paper
14. ☐ **Notarized** Anti-drug Undertaking Bond on Rs.100/- non judicial Stamp Paper
15. ☐ Aadhar Cards – **Student , Father, Mother**
16. ☐ Ant ragging affidavit copy (Online registration) (Notary affidavit not acceptable)
17. ☐ Bank Guarantee for **Second year fee (or)** One Postdate Cheque.
18. ☐ Photos-12
19. ☐ **Scanned copies of all Certificates in PDF (Separate copies of each)**
20. ☐ **FEE RECIPET FOR 1st YEAR**
    - **Reg Fee – 3,000/- (Cash only) – Not refundable**
    - **DD in favour of " MNR MEDICAL COLLEGE & HOSPITAL, Payable at SANGAREDDY "**

      For amount of Rs.1,22,000/-

Note: Three sets of Xerox copies of above mentioned documents with self-attestation

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAIKNG IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

I, (Name of the candidate) S/o, D/o (Name of the parent), Selected for MBBS/BDS Course do hereby undertake 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.0.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 undertake 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)

DATE: PLACE:

KNRUHS GENUINITY BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

I, _____ (candidate name), S/o / D/o _____, bearing UG NEET 2026 Roll No _____, UG NEET 2026 Rank _____

And

I, _____ (parent/guardian name), F/o _____, bearing UG NEET 2026 Roll No _____, UG NEET 2026 Rank _____

Hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into MBBS/BDS courses for the Academic Year 2026-27 in _____ (college name), affiliated to Kaloji Narayana Rao University of Health Sciences. We, hereby declare that all our certificates are genuine.

Iam 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 Kaloji Narayana Rao 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:**

KNRUHS ANTI-DRUG UNDERTAKING

PROFORMA FOR ANTI-DRUG UNDERTAKING / DECLARATION IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

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:

College Details for Anti-ragging

Anti-ragging affidavit uploading website

Name of the College: MNR MEDICAL COLLEGE & HOSPITAL,

SANGAREDDY - 502294

Name of the Principal : Dr. K Ravinder Reddy

Number of Seats : 250

Mobile No. Principal : 8500056667

Land Line : 08455 – 230523, 233333

AISHE CODE : C-30619

Nearest Police station: Sangareddy Rural