GOVERNMENT MEDICAL COLLEGE: MAHABUBABAD: TELANGANA
UG MBBS ADMISSIONS 2026-27

Documents to be submitted during the admission procedure

1. Application **(Joining Report)**
2. Provisional Selection Order **(from KNRUHS/MCC)**
3. NEET Admit card
4. NEET Rank Card
5. Bonafide/Study and conduct Certificate **(1st to Inter)**
6. SSC Marks Memo
7. Intermediate Marks Memo
8. Transfer Certificate
9. Migration Certificate **(If studied in other State)**
10. Equivalent certificate **(If studied in other State, apply through https://tgbienew.cgg.gov.in/home.do)**
11. Social Status Certificate/EWS Certificate **(Latest Financial Year)**
12. PWD certificate **(If Applicable signed by competent authority)**
13. NCC/Sports/CAP/PMC **(If Applicable signed by competent authority)**
14. Aadhar Card **(e-validated)**
15. Discontinuation Bond Paper notarized of Rs. 100 **(for Rs.20 Lakhs)**
16. To be Filled by Two Sureties (Certified by Notary) Aadhar and PAN card Xerox copies along with Signature of concern sureties.
17. On non Judicial stamp paper notarized of Rs. 100 **(Anti ragging affidavit by the Student)**
18. On non Judicial stamp paper notarized of Rs. 100 **(Anti ragging affidavit by the Parent)**
19. On non Judicial stamp paper notarized of Rs. 100 **(Genuinity of certificate).**
20. On non Judicial stamp paper notarized of Rs. 100 **(Anti-Drug Declaration Bond)**
21. On non Judicial stamp paper notarized of Rs. 100 for PWD Candidates
22. Candidate's Recent Passport Size Photographs-04 Nos.
23. Demand Draft-No _____Date_____ Amount Rs. _____
24. AIQ D.D. No _____ _____Date_____ Amount Rs.12000.00

(SELF DECLARATION AFFIDAVITS & APPENDIX A, B, C, D, E, F IF APPLICABLE) SUBMIT THE DOCUMENTS IN THE ABOVE MENTION ORDER WITH 2 SETS OF XEROX COPIES (PHOTOCOPIES)

Sd/-
Principal

GOVERNMENT MEDICAL COLLEGE MAHABUBABAD

(Affiliated to Kaloji Narayana Rao University of Health Sciences,Warangal)

Rc.No.489/GMC/MHBD/ACD/2022.551/1/P Mahabubabad, Mahabubabad -506101

Tuition Fee Structure (**2026-27**)

Sl.No	Discerption	FREQUENCY	FEE STRUCTURE	
			OC&BC	**SC&ST**
1	Tuition Fee	Yearly	10000	10000
2	CDS	Once	5000	5000
3	e-Library	Yearly	2000	2000
4	Central Stores	Once	2000	2000
5	Library Fee	Yearly	2000	2000
6	Caution Deposit	Once	3000	3000
7	Academic Development fund	Once	3000	1000
8	Non-Government fund	Once	2000	2000
Total			**29000**	**27000**

DEMAND DRAFT IN FAVOUR OF **"PRINCIPAL GOVERNMENT MEDICAL COLLEGE, MAHABUBABAD"** PAYABLE AT Mahabubabad.

University Fees(AIQ)

Sl.No	Description	Amount
01	University Fees	Rs.12000-00

DEMAND DRAFT IN FAVOUR OF **"REGISTRAR, KNRUHS WARANGAL"**AT PAYBLE AT WARANGAL.

UG GIRLS HOSTEL FEE STRUCTUTRE

Sl.No		AMOUNT	FREQUENCY	TOTAL
1	Non-Refundable Caution Deposit	5000	ONCE	5000
2	Caution Deposit(Refundable)	5000	ONCE	5000
3	Rent(Rs.1000/-per Month×12Months)	1000	Monthly	12000/Year
4	Hostel Admission application fee	1000	ONCE	1000
			TOTAL	**23000**

The above amount to be deposited in the following Bank Account

Account Name: **PRINCIPAL U.G GIRLS HOSTEL GMC MAHABUBABAD**

A/c No.110075694590

Bank: **Canara Bank, Mahabubabad Branch**

UG BOYS HOSTEL FEE STRUCTUTRE

Sl.No		AMOUNT	FREQUENCY	TOTAL
1	Non-Refundable Caution Deposit	5000	ONCE	5000
2	Caution Deposit(Refundable)	5000	ONCE	5000
3	Rent(Rs.1000/-per Month×12Months)	1000	Monthly	12000/Year
4	Hostel Admission application fee	1000	ONCE	1000
			TOTAL	**23000**

The above amount to be deposited in the following Bank Account

Account Name: **PRINCIPAL U.G BOYS HOSTEL GMC MAHABUBABAD**

A/c No.110075688136

Bank: **Canara Bank, Mahabubabad Branch**

NOTARIZATION MANDATORY

Form-I

ANTI RAGGING AFFIDAVIT BY THE STUDENT

1. I (Full name in BLOCK LETTERS). _____

   Son/Daughter Mr./Mrs./Ms. (Full name in BLOCK LETTERS) _____

   admitted to the course of (_____) at Government Medical College, Mahabubabad with_____/2026-27 Admission number affiliated to Kaloji Narayana Rao University of Health Sciences. have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations, 2021 (Herein after 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 a abetting ragging actively or passively or being part of conspiracy to promote ragging

5. I hereby undertake that_____

   (i) I will not indulge in any behaviour or act that may come under the definitions 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 conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if these declaration is incorrect or false, my admissions is liable to be cancelled/ withdrawn.

Signed on this_____day of_____ month of_____year.

Signature
Name of the Student:
Address:

Mobile No.:
Alternative Mobile No.:

Witness I
Name and Signature:
Address:
Mobile No.:

Witness II
Name and Signature:
Address:
Mobile No.:

NOTARIZATION MANDATORY

Form-II

ANTI RAGGING AFFIDAVIT BY THE STUDENT /GUARDIAN

1. I (Parent full name in BLOCK LETTERS) _____
Father/Mother/Guardian of Mr./Mrs./Ms.(Student Full name in BLOCK LETTERS)_____
_____admitted to the course of (_____) at Government Medical College, Mahabubabad with_____/2026-27 Admission number affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal hereby declare that, I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations, 2021 (Herein after 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 my son/daughter/ward in case he/she is found guilty of ragging or a 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 definitions of ragging as may be constituted under regulation 3. 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 regulation 3. of the said regulations.
   (iii) will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that 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 laws for the time being in force.
7. I also declare that he/she have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if these declaration is incorrect or false, his/her admissions is liable to be cancelled/ withdrawn.

Signed on this _____ day of _____ month of _____ year.

Signature

Name of the Parent/Guardian:

Address:

Mobile No.:
Alternative Mobile No.:

Witness I
Name and Signature:
Address:
Mobile No.:

Witness II
Name and Signature:
Address:
Mobile No.:

NOTARIZATION MANDATORY

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPER FOR RS. 100/- WITH NOTARY)

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

I, _____ (Name of the Candidate), S/o: D/o: _____ (Name of the Parent), selected for MBBS Course do hereby undertake to complete the course as per the requirement of Kaloji Narayana Rao 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 undertake 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 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 Kaloji Narayana Rao 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&FW Dept. Dated:22.09.2022.

Signature of the Parent

Mobile No.:

Witness:

1. Signature:
Name and Address in full:
Mobile No:

2. Signature:
Name and Address in full:
Mobile No.:

NOTARIZATION MANDATORY

(TO BE FILLED BY TWO SURETIES)

(Certified by Notary)

(1.) In consideration of the Surety Bond executed by the student Mr. /Ms._____ Son of/ daughter of_____resident of _____ in favour of The Registrar, KNRUHS, Warangal and the Principal of Government Medical College, Mahabubabad 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, Mahabubabad 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 in favour of The Registrar, KNRUHS, Warangal and the Principal of Government Medical College, Mahabubabad 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, Mahabubabad 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:……

NOTARIZATION MANDATORY

KNRUHS – GENUINITY BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

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

UNDERTAKING

I, ……(Name of the Candidate) S/o/D/o..... (Name of the parent), 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, Warangal.

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:

DECLARATION FROM THE STUDENT & PARENT

GOVERNMENT MEDICAL COLLEGE: MAHABUBABAD,

I, hereby solemnly and sincerely affirm that the statement made and information furnished by me in the application forms and also in all the enclosures there to submit by me is true and correct. I have not kept any information furnished there in is fraudulent, incorrect of untrue material particulars. I realize that I am liable to criminal prosecution and I also agree to forego my seat in the college.

I shall abide by the decision of the selection committee of M.B.B.S., Principal, Government Medical College, Mahabubabad; KNR University of Health Sciences, Warangal, and Director of Medical Education, T.G., Hyderabad. Their decision shall be final and binding on me.

I shall abide by the Rules & Regulations of the college at present in force and to be framed from time to time by the competent authorities.

SIGNATURE OF THE CANDIDATE

I have read the information furnished by me Son / Daughter/ward and affirm that it is true and if it is provided that the information was fraudulent, I am liable to criminal Prosecution During his/her study period in the Government Medical College, Mahabubabad, if my Son/Daughter Involved in any unsocial and criminal activities or his/her character and conduct found to be not up to the satisfaction of the Teachers, I agree for his/her dismissal from the course.

Date:

SIGNATURE OF THE FATHER/GUARDIAN.

OFFICIAL ADDRESS AND PH.NO:

RESIDENTIAL ADDRESS AND PH.NO:

NOTARIZATION MANDATORY

KNRUHS - UNDERTAKING / DECLARATION AGAINST DRUG ABUSE

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:

APPENDIX

PLEASE FILL APPLICABLE FORMS……

APPENDIX - A

Self-Certification Affidavit
(To be filled by all applicants under PwBD Category)

Name of the Candidate:

NEET UG 2026 Roll No:

NEET UG 2026 Rank:

UDID No:

Disability Type:

- Locomotor
- Hearing
- Visual
- Cognitive/SLD
- Others: _____ (Please specify)

Disability Percentage as per UDID card: _____ %

Assistive Devices Used (if any): _____

Essential Functional Competencies:

Competency Area	Description	Candidate Declaration (✓/✗)
A. Communication	I can communicate clearly and empathetically with people using assistive devices	
B. Hearing	I can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants. I undertake to fulfil the eligibility criteria set under Form Appendix B	
C. Dominant Hand Functionality	I can write and hold instruments using my dominant or aided hand. I undertake to fulfil the eligibility criteria set under Appendix C and D	
D. Understanding/Communication	I can follow and comprehend medical terminology and maintain social interaction. I undertake to fulfil the eligibility set under Form Appendix E	
E. Vision	My vision improves to the percentage lower than 40% I can perform with the help of Low vision Aid I undertake to fulfil the eligibility criteria set under Form Appendix F	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

NOTE: Persons with benchmark disabilities other than Locomotor /Visual/ Hearing/ SLD/ ASD/ Mental illness will have to submit the self-certified affidavit at Appendix A only (Eg: Blood Disorders – Haemophilia, Thalassemia and Sickle Cell disease, Chronic Neurological Conditions etc.)

APPENDIX - B

AFFIDAVIT
(HEARING IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I have hearing loss in
  - Right Ear
  - Left Ear
  - Both Ears
  - Neither

- I use
  - Prescribed Hearing Aid
  - Cochlear Implant
  - None

I declare as under:

Sl.No	Functional Ability regarding following Activities declared	Candidate Declaration (✓/✗)
1	Communicate effectively using the above-mentioned assistive devices	
2	Engage in a conversation in a quiet and noisy environment	
3	Understand and respond to verbal instructions	
4	Carry out phone conversations	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX - C

AFFIDAVIT
(LOCOMOTOR DISABILITY)
(UPPER EXTREMITY-COORDINATED ACTIVITY)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my functional ability in performing the basic Coordinated Activities as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	Can you lift overhead objects and place them at the same place?	
2	Can you touch tip of the nose with the tip of a finger?	
3	Can you eat by yourself?	
4	Can you groom, comb and plate by yourself?	
5	Can you put on a shirt/kurta/upper garment on your own?	
6	Can you clean yourself after toileting (Act of Ablution)?	
7	Can you Drink water holding a Glass/tumbler?	
8	Can you button/unbutton your clothes?	
9	Can you put on trousers/pant/lower garment/Tie Nara, Dhoti using the Zip as the case may be?	
10	Can you hold a Pen/Pencil and write?	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX - D

AFFIDAVIT
(LOCOMOTOR DISABILITY)
(LOWER EXTREMITY-STABILITY COMPONENTS)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my functional ability to perform the following functions as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	Can you bear weight and stand on both legs?	
2	Can you bear weight and stand on your affected leg?	
3	Can you walk on plain surfaces?	
4	Can you sit on a chair by yourself?	
5	Can you take turn to the right and left side?	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX E

AFFIDAVIT
(MENTAL ILLNESS/SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM SPECTRUM DISORDER)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my ability to perform the following functions as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	I can communicate clearly and empathetically with people	
2	I can listen and respond to speech in both quiet and noisy environments	
3	I can follow instructions, comprehend required medical terminology, and maintain social interaction	
4	I can understand and respond to verbal instructions and can carry out phone conversations	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX F

AFFIDAVIT
(VISUAL IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I have visual impairment in
  - Left Eye
  - Right Eye
  - Both Eye
  - Neither
- I am using Low Vision Aid (s)
- With the use of Low Vision Aid, I declare the fulfilment of following criteria:

Sl.No	**ALL MANDATORY CRITERIAS FULFILLED WITH THE LOW VISION AID**	**Candidate Declaration (✓/✗)**
1	Best corrected visual acuity improves such that the visual disability becomes less than 40%	
2	The field of vision is > 40 degree in the eye which is using the LVA	
3	The LVA is hands free and suitable for everyday use	

- I hereby affirm that I can perform with the use of Low Vision Aid.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by: