



**GOVERNMENT MEDICAL COLLEGE / SINGARENI  
INSTITUTE OF MEDICAL SCIENCES : RAMAGUNDAM**  
**TELANGANA STATE**  
**ADMISSIONS FORM MBBS COURSE 2024-2025**

UG Admission Committee:

For Queries and Information :

1. Dr. T.Hima Bindu Singh, Principal : 9949024007
2. Dr.G.Narender, Vice Principal : 9398349667
3. Sri.J.Ravinder, Office Superintendent, Ph: 6300787244

**Reporting Time from 10.00 A.M to 4.00 P.M**

- Candidates who want to give willingness for up-gradation for Round-2 while retaining Round-1 seat, **"HAVE TO REPORT PHYSICALLY"** at the allotted institute to confirm their admission.
- For allotment under OBC quota, OBC certificate issued by concerned state government only is valid.
- For allotment under PWD quota, certificate issued this year (December 2023/January-2024) by the medical board of Medical counselling committee authorized centres

**NOTE:**

1. All the candidates who have been allotted MBBS seats in UG counseling, in this institute are hereby directed to submit the following documents: ORIGINALS and 3 sets of Xerox Copies of ALL certificates and Bonds (duly Self attested).
2. All payments to be made in the form of Demand Draft in favor of **"PRINCIPAL, SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM"** Payable at RAMAGUNDAM (Any Nationalized Bank)
3. **DISCONTINUATION BOND (NOTARY):**
  - a) Sureties to be given by Income Tax Payees/Gazetted Officers only
  - b) Parents/Guardian **CANNOT** give the surety for their own children getting admitted in MBBS course
  - c) It is **MANDATORY** for surety given to attach Xerox Copy of PAN CARD and ADHAAR CARD (Self attested)
  - d). Witness and Surety Given should be different individuals.

## **CERTIFICATES REQUIRED TO BE SUBMITTED AT THE TIME OF ADMISSION**

1. Provisional Allotment Order (Original)
2. NEET Hall Ticket
3. NEET Rank Card/Score Card UG 2024(Mandatory)
4. Receipt of Original certificates verified at center
5. Date of Birth Certificate -SSC Marks Memo
6. Intermediate or equivalence Pass Certificate Small/Long Memo (Grade certificate not Accepted)
7. **EQUIVALENCE CERTIFICATE**(It is Mandatory for all Non –Local candidates except CBSE

Candidates have to obtain Equivalence Certificate Issued by State Board of Intermediate Education,Telangana) –check TSBIE Website

8. Study and Conduct Certificate( VI to XII)
9. Study and Conduct of Intermediate
10. Caste Certificate
11. Transfer Certificate issued by recently attended school/college
12. Residence certificate of the candidate or either parent issued by MRO / Tahasildar of Telangana/AP for a period of ten - years (Period to be specified with exact month and year) excluding the period of study/employment out-side the state (Mandatory If applicable)
13. EWS Certificate for the year 2024-25 claiming reservation under EWS Categories issued by Competent Authority (Tahsildar) of State of Telangana (Mandatory If applicable)
14. CAP/PMC/NCC/PWD/MINORITY Certificate (Mandatory If applicable )
15. GAP Certificate issued by Tahsildar/Institute (If applicable)
16. Family income proof for SC/ST/OBC category candidates for claiming of fee exemption.
17. **COLLEGE FEE :**

**For All India quota :** Rs 12000/- in shape of D. D (from any Nationalized Bank) in favour of “**THE REGISTRAR, KNRUHS, WARANGAL**”

**For All India Quota & State Quota :** Rs 29000/- (OC/BC & Others), Rs. 27,000/- (SC/ST) in shape of D.D (from any Nationalized Bank) in favor of “**PRINCIPAL, SINGARENI INSTITUTE OF MEDICAL SCIENCES RAMAGUNDAM**” Payable at Ramagundam .

18. **For all Students Hostel Fee :** Rs 23000/- in shape of D.D (from any Nationalized Bank) in favor of “**PRINCIPAL, SINGARENI INSTITUTE OF MEDICAL SCIENCES RAMAGUNDAM**” Payable at Ramagundam .
19. Form I & II-Anti Ragging declaration(both by student & Parent)
20. Undertaking in the form of Affidavit-Notarized on Rs.100 Non Judicial stamp paper by the parent and candidate stating that all the certificates including the caste and category certificates are **genuine**
21. Undertaking in the form of Affidavit-Notarized on Rs.100 Non Judicial stamp of Rs. 20,00,000/- (Rupees Twenty Lakhs only) regarding **Discontinuation** of course
22. 4 Passport Size Photos, 1 Stamp Size Photo and 2 sets of Xerox Copies of ALL certificates and Bonds
23. Aadhaar Card (Xerox Copy) & **(1 File Folder)**.

**NOTE:** The above certificates will **NOT** be returned to him/her unless he/she completes the course as per norms of KNRUniversity of Health Sciences, Warangal - Telangana State.

## Form – I (ANTI RAGGING UNDERTAKING)

### FORMAT OF UNDER TAKING BY THE STUDENT

- a. I \_\_\_\_\_ ( Full name in BLOCK LETTERS ) \_\_\_\_\_ Son/Daughter of Mr./Mrs./Ms \_\_\_\_\_ ( Full name in BLOCK LETTERS ) admitted to the course of MBBS 2024-25 Batch) at GOVERNMENT MEDICAL COLLEGE/SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM WITH \_\_\_\_\_ 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 (Here in after referred to as the said regulations).
- b. I have carefully read and fully understood the provisions in the said regulations.
- c. I have particularly perused the provisions of regulations 3. And 4. of the said regulations and have fully understood what constitutes – ragging.
- d. 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.
- e. I hereby undertake that:
- i. I will not indulge in any behavior 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.
- f. 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.
- g. 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

Phone no.

Witness I

Name and Signature

Address

Witness II

Name and Signature

Address

## Form – II

### FORMAT OF UNDER TAKING BY THE PARENTS/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 \_\_\_\_\_ at  
GOVERNMENT MEDICAL COLLEGE/SINGARENI INSTITUTE OF MEDICAL SCIENCES,  
RAMAGUNDAM with Admission number affiliated to Kaloji Narayana Rao University of Health  
Sciences, 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 behavior 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

Phone no.

Witness I

Name and Signature

Address

Witness II

Name and Signature

Address

KNRUHS DISCONTINUATION BOND  
(Non-Judicial Stamp paper for Rs. 100/-)

**UNDERTAKING**

I, Mr./Ms. \_\_\_\_\_ S/D/o: \_\_\_\_\_

\_\_\_\_\_ selected for MBBS Course do hereby undertake to complete the course as per the requirements of KNR University of Health Sciences, Telangana Warangal. In the event of my discontinuing the studies after joining the course after the date of announcement of second phase admission, I undertake to pay to 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 in to 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 M.s No. 125, 126, 127 HM&FW Dept. Dated: 22-09-2022.

**Signature of the Candidate**

I, Mr./Mrs. \_\_\_\_\_ Parent of

Mr/Ms. \_\_\_\_\_ do hereby

undertake to pay The Registrar, KNR University of Health Sciences, a sum of **Rs. 20,00,000 (Rupees Twenty Lakhs only)** in case of **discontinuation of MBBS/BDS Course** after joining the date of announcement of second phase of admission by my Son/Daughter and I am aware that Son/Daughter will be debarred for three years for admissions 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 M.s No. 125, 126, 127 HM&FW Dept. Dated: 22-09-2022.

Date:

**Signature of Parent**

**Witness:**

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.



**(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/SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM 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/SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM 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/SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM 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/SINGARENI INSTITUTE OF MEDICAL SCIENCES RAMAGUNDAM 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 OF RS.100/-)**

**UNDERTAKING**

I, (Candidate name) S/o / D/o..... , bearing UG NEET 2024 Rank No ..... and  
I, (Parent name ) F/o: (Candidate name) , bearing UG NEET 2024 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 2024-25 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/SINGARENI INSTITUTE OF MEDICAL  
SCIENCES, RAMAGUNDAM**

**New Under Graduate(2024-25) (MBBS College Fee Structure)**

Sl. No.	Description	OC/BC	SC/ST	Frequency
01.	Tuition Fee	10000-00	10000-00	YEARLY
02.	CDS	5000-00	5000-00	ONCE
03.	E-Library	2000-00	2000-00	YEARLY
04.	Central Stores	2000-00	2000-00	ONCE
05.	Library Fee	2000-00	2000-00	YEARLY
06.	Caution Deposit	3000-00	3000-00	ONCE
07.	Academic Development Fund	3000-00	1000-00	ONCE
08.	Non-Government Fund	2000-00	2000-00	ONCE
	<b>TOTAL</b>	<b>29000-00</b>	<b>27000-00</b>	

DEMAND DRAFT IN FAVOUR OF “PRINCIPAL SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM PAYABLE AT RAMAGUNDAM FROM ALL NATIONALIZED BANKS ONLY.

**Hostel Fee Structure (2024-2025)**

Sl. No.	Description	Amount
01.	Non-Refundable Amount	5000-00
02.	Caution Deposit (Refundable)	5000-00
03.	Rent (Rs. 1000/- Per Month×12 Months)	12000-00
04.	Hostel Admission Application Fee	1000-00
	<b>Total</b>	<b>23000-00</b>

DEMAND DRAFT IN FAVOUR OF “PRINCIPAL SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM PAYABLE AT RAMAGUNDAM FROM ALL NATIONALIZED BANKS ONLY.

**MESS AND BUS TRANSPORTATION FEE (2024-25)**

Sl.No	Description	Amount
1	Mess Fee 3900 Per Month 3900*12	46,800/-
2	Bus Transportation 600 Per Month 600*12	7,200/-
	<b>Total</b>	<b>54,000/-</b>

DEMAND DRAFT IN FAVOUR OF “STUDENT WELFARE FUND GOVT MEDICAL COLLEGE, RAMAGUNDAM PAYABLE AT RAMAGUNDAM FROM ALL NATIONALIZED BANKS ONLY.

**University Fees ( For AIQ Students only )**

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

DEMAND DRAFT IN FAVOUR OF “ THE REGISTRAR, KNR UNIVERSITY OF HEALTH SCIENCES, WARANGAL” PAYABLE AT WARANGAL”

SD/-

Principal /Addl.DME  
Govt. Medical College/SIMS,  
Ramagundam.