(SINGARENI INSTITUTE OF MEDICAL SCIENCES
(Government Medical College)
RAMAGUNDAM, TELANGANA STATE

ADMISSIONS FOR MD/MS COURSES 2026-27

ADMISSION COMMITTEE

1. **Dr.T.P.Dayal Singh**, Principal, Singareni Institute of Medical Sciences(Government Medical College), Ramagundam- 9849024007
2. **Dr.G.Rekha**, Vice Principal– 7801069344
3. **Dr.P.Sreedevi,** Vice Principal (Academic) – 9849978352
4. **Dr.M. Bhanu Lakshmi**, Professor & HOD, EMD Dept - 9490117704
5. **Sri.J.Srinivas, Assistant Director -** 9849252387
6. **Sri J. Ravinder**, Administrative Officer – 6300787244
7. **Sri. M.Chandra Shekar**, Office Superintendent - 8886443937
8. **Sri G. Akhil**, Junior Assistant – 9701668368

As per the Prospectus of **Kaloji Narayana Rao University of Health Sciences (KNRUHS), Warangal,** all candidates who have been allotted **MD/MS seats** in the PG counselling at this institute are required to submit the following **self-attested documents.**

Checklist of Documents to be Submitted for Admission by the candidates for admission

1. Provisional Allotment Order
2. Admit Card / Hall Ticket (NEET PG–2026)
3. Rank Card (NEET PG–2026)
4. SSC / Date of Birth Certificate
5. 12th Class (Intermediate) Marks Memo
6. Study and conduct certificates from VI to XII
7. Bonafide / Study and Conduct Certificates from 1st MBBS to Final MBBS
8. Memorandum of Marks in MBBS(MBBS 1st, 2nd ,3rd Professional marks sheet)
9. Original / Provisional Degree Certificate
10. Internship Completion Certificate
11. Transfer Certificate
12. Migration Certificate *(If applicable)*

15.Service certificate (If Applicable)

16.Latest Category Certificate (BC/SC/ST) issued by Competent Authority, Govt. of Telangana *(If applicable)*

17.Minority Certificate issued by Competent Authority, Govt. of Telangana *(If applicable)*

18.**EWS Certificate / OBC Certificate** issued by respective state government will be accepted not BC Certificate.

19.For allotment under **PWD quota**, certificate issued from University Medical Board/ Physical Disability Certificate issued by Competent Authority as specified by MCC (If Applicable). a)For AIQ –OBC Cerificate b)For CAQ – BC Certificate.

20.Physically handicapped certificate(issued by authorized centres only)

21.**Application / Joining Report** with signature of the candidate

22.**ID Proof** – Aadhaar Card / PAN Card / Driving License / Voter ID / Passport

23.4 **Copies of latest Photographs**

24.**Latest Service Certificate** issued by the concerned Head of the Department, if applicable (Issued after 31.07.2022 by DME / DH / Director / ESI / Commissioner / VVP / MD Colleries and other Competent Authority as Notified by Government.

25.College fee Rs. **25,000/-** (Rupees Twenty Five Thousand Only)
(Demand Draft in favour of "The Principal, Singareni Institute of Medical Sciences(GMC), Ramagundam– PG Academic").

26.University fee of Rs. **35,000/-** (Rupees Thirty five thousand Only)
(Demand Draft in favour of "THE REGISTRAR, KNRUHS, WARANGAL").

27.**Equivalency fee Rs. 8,000/- (Rupees Eight Thousand only)** (in favour of **"THE REGISTRAR, KNRUHS, WARANGAL"**) (If the candidate has completed MBBS in colleges other than Telangana & Andhra Pradesh states) (**One-Time Payment**)

28.**Equivalency fee Rs. 10,000/- (Rupees Ten Thousand only)** (in favour of **"THE REGISTRAR, KNRUHS, WARANGAL"**) (If the candidate has completed MBBS in colleges other Country) (**One-Time Payment**)

29.**Submission of two (2) Bonds**

1. **Rs. 50,00,000 (Rupees Fifty Lakhs Only)** (Annexure -II) toward **discontinuation of the course.**
2. **Failure to serve the Government as Senior Resident for the period of 1 year** after completion of the course a bond of **Rs. 20,00,000 (Annexure - II)** for Degree (GO MS No. 155 IIM & FW (C1), Department dated:- 18-11-2021).

30.Hand written and Self Attested Undertaking by the candidate
(I hereby declare that all the information given/uploaded by me in the application is factually correct and true to the best of my knowledge and belief. I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will have no claim on the seat allotted to me by the competent authority – Signature of candidate)

Note:

1. All the above documents must be submitted in the same order.
2. All the original certificates must be submitted at the time of physical verification, no colour copy will be accepted..
3. Transactions can be made through Demand Draft payable to the concerned authority (as mentioned in the brackets).
4. All admissions made online will be deemed **"PROVISIONAL"** and will be considered **"FINAL"** only after verification of original documents at the time of Physical joining and medical fitness at the college.
5. Students should submit all original certificates along with **2 sets of Xerox** copies.
6. Original 3 Bonds(Annexure-1,2&3) and **Sureties** PAN and Aadhar Xerox must be enclosed and **Witness** Aadhar Xerox must be enclosed

AFTER PHYSICAL VERIFICATION OF ALL THE ORIGINAL DOCUMENTS ONLY,THE ADMISSION ORDER WILL BE ISSUED.

SINGARENI INSTITUTE OF MEDICAL SCIENCES(SIMS)/GMC RAMAGUNDAM

PG Fee Structure for the Academic Year 2026-27

S. No	PARTICULARS	AMOUNT	FREQUENCY	
1	**University Fee** (in favour of **"THE REGISTRAR,KNRUHS, WARANGAL)** Payable at warangal	**Rs.35,000/-**	One Time	(Only for AIQ Candidates to be paid at the time of admission)
2	**College Fee** (**DD** In favour of " **Principal, Singareni Institute of Medical Sciences, Ramagundam)** payable at Godavarikhani	**Rs.25,000/-**	Yearly	AIQ & State Candidates

Note: The following payments to the University in Demand Draft(DD) form, (in favour of **"THE REGISTRAR, KNRUHS, WARANGAL"**) if Applicable at the time of admission.

1. AIQ Candidates - University Fee - **Rs. 35,000/-**
2. Additional onetime payment of **Rs. 8000/-**Equivalency Fee for Candidates who completed MBBS from colleges other than Telangana & Andhra Pradesh states.
3. Additional onetime payment of **Rs. 10000/-**Equivalency Fee for Candidates who completed MBBS from other Countries.

ANNEXURE-I

(Non-JudicialStamppaperforRs.100/-)

(FORALLCANDIDATES)

I, Dr. _____selected for Post Graduate Degree _____ for the year 2026-27 do hereby undertake to complete the said course as per the requirements of the University.In the event of my leaving the studies after joining the course, I undertake to pay to the KNR University of Health Sciences a sum of **Rs. 50,00,000/- (Rupees Fifty Lakhs Only)** and refund the amount received as stipend/salary up to that date to Government.

Witness: **Signature of the Candidate**

1. Signature:
Name and address in full

Name and address in full

2. Signature:
Name and address in full

2.Signature of parent:
Name and address in full

N.B.:1.The Bond format shall be typed on the Non Judicial
2.Sureties by Income Tax Payees/Gazzetted Officers only. (Other Than Parents)
(Self attested Copies of PAN & Aadhar of the Sureties

(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 Singareni Institute of Medical Sciences (SIMS)/GMC Ramagundam to a sum of **Rs. 50,00,000/-(Rupees Fifty Lakhs Only)**,

I _____here by 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. 50,00,000/-(Rupees Fifty Lakhs Only)**, I, the said surety, shall, without any objection, pay the said due amount to the Principal of Singareni Institute of Medical Sciences (SIMS)/GMC Ramagundam on demand.

I the said surety do solemnly affirmthat 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..: .....
PANNo.
MobileNo.:.....

(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 Singareni Institute of Medical Sciences (SIMS)/GMC Ramagundam to a sum of **Rs.50,00,000/- (Rupees Fifty Lakhs Only)**,
I _____here by 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.50,00,000/- (Rupees Fifty Lakhs only)**, I, the said surety, shall, without any objection, pay the said due amount to the Principal of Singareni Institute of Medical Sciences (SIMS)/GMC 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.:

ANNEXURE-II

(Non-Judicial Stamp pape for Rs.100/-)

(FOR ALL CANDIDATES)

I, Dr. _____selected for Post Graduate Degree /Diploma for the year2026-27 do hereby undertake to serve the Government of Telangana by working in Government Hospitals, as a Senior Resident for a period of one year after successful completion of the PG Degree/ Diploma course (if required). In case I fail to join as senior Resident or in case of not completing one year of service within a maximum period of 18 month,I undertake to pay sum of Rs.20,00,000(Rupees Twenty Lakhs Only) for PG Degree course to the Government.

Date:

Signature of the Parent/ Guardian	**Signature of the Candidate**
	Aadhar No:
Name:	**Name:**
Aadhar No:	**Address:**

N.B.:1.The Bond format shall be typed on the Non Judicial
2. Sureties by Income Tax Payers/Govt.Employees only. (Other Than Parents)

(Self attested Copies of PAN & Aadhar of the Sureties)

(TO BE FILLED BY TWO SURITIES)

(1.)In consideration of the Surety Bond executed by the student(Mr./Ms. _____Son of/daughter of_____ resident of_____In favor of Director of Medical Education. Telangana State and the Principal of Singareni Institute of Medical Sciences (SIMS)/GMC 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 Principal of Singareni Institute of Medical Sciences (SIMS)/GMC 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.....
AadhaarNo..: .....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 Director of Medical Education. Telangana State and the Principal of Singareni Institute of Medical Sciences (SIMS)/GMC 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 Principal of Singareni Institute of Medical Sciences (SIMS)/GMC 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.....
AadhaarNo..: .....PAN No.
Mobile No.:.....

ANNEXURE-III

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

I,_____S/o/D/o_____,bearing PGNEET 2026-27 Rank No_____and I, (Parent name:- _____) F/o: (Candidate name:_____) , bearing PG NEET Rank No_____ hereby give an undertaking as below in connection with our claim with regard to certificates submitted for admission into PG 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 maybe 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 these at allotted to me is cancelled, for the above reasons.

Signature of the Parent/Guardian **Signature of the Candidate**

Aadhar No.

Address :

Date:

Place:

ANNEXURE-IV

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 the Parent/Guardian:

Relationship with Student:

Address:

Mobile No.:

Signature of the Student

Signature of the Parent/Guardian

Place:
Date:

Form–I

FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____Son/Daughter of Mr./Mrs./Ms. _____ admitted to the course of _____)at Principal of Singareni Institute of Medical Sciences (SIMS)/GMC Ramagundam with Neet PG Rankaffiliated 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 2022 (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 of the said regulations and have fully understood what constitutes–ragging.

4. I have also in particular perused and read and understood the administrative and penal actions that maybe 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 under take that
   (i). I will not indulge in any behavior or act that may come under the definitions of ragging as maybe constituted under the said regulations.
   (ii). I will not participate in or abet or propagate ragging in any form included but not limited to those that maybe constituted under the said regulations.
   (iii). Iwillnothurtanyonephysicallyorpsychologicallyorcauseanyotherharm.

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 haven ever been punished in any manner for these offences and further that if these declarations incorrect or false, my admissions is liable to be cancelled /withdrawn.

Signed on this_____day of_____month of_____year.

Signature
Nameofthe
Student
Address
Phone no.

Witness

I Name and
Signature Address

Witness
II Name and
Signature Address

SINGARENI INSTITUTE OF MEDICAL SCIENCES (SIMS)/GMC, RAMAGUNDAM

Post Graduate Fee Structure for Academic year (2026-27) FOR AIQ & State candidates

Sl.No.	Description	For all students
01.	CDS Fee	15,000/-
02.	Acaemic Fee	7,000/-
03.	Library Fee	3,000/-
TOTAL		25,000/-

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

Hostel Fee Structure (2026-2027) For AIQ & State candidates

Sl.No.	Description	Amount
01.	Hostel Fee including caution deposit	20,500/-
Total		20,500/-

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

University Fees (For AIQ Students only)

Sl.No.	Description	Amount
01.	University Fee	35,000/-
Total		35,000/-

DEMAND DRAFT IN FAVOUR OF" **THE REGISTRAR, KNR UNIVERSITY OF HEALTH SCIENCES, WARANGAL" PAYABLE AT WARANGAL"** FROM **ALL NATIONALIZED BANKS** ONLY.

Principal /Addl.DME
SIMS/GMC,
Ramagundam.

Principal
Singareni Institute of Medical Sciences (GMC)
Ramagundam,
PEDDAPALLY DIST.