

**GOVERNMENT MEDICAL COLLEGE, NARSAMPET**  
**Required documents for MBBS Admissions 2024-25**

1. Application (Joining Report)
2. University Provisional Selection Order
3. NEET Admit card
4. NEET Rank Card
5. Bonafide/Study and conduct Certificate (1<sup>st</sup> to Inter)
6. SSC Marks Memo
7. Intermediate Marks Memo
8. Transfer Certificate
9. Migration Certificate (If Applicable)
10. Equivalent certificate (If studied in other State)
11. Social Status Certificate/EWS Certificate
12. PWD certificate (If Applicable)
13. NCC/Sports/CAP/PMC (If Applicable)
14. Aadhar Card (Xerox)
15. Discontinuation Bond Paper Rs. 100 (for Rs.20 Lakhs)
16. On non Judicial stamp paper of Rs. 100 (Genuinity of certificate).
17. On non Judicial stamp paper of Rs. 100 (Anti ragging affidavit by the Student)
18. On non Judicial stamp paper of Rs. 100 (Anti ragging affidavit by the Parent)

19. D.D. No.                      Dt.                      OC/BC of Rs.29000/-  
D.D. No.                      Dt.                      SC/ST of Rs. 27000/-

In Favor of Principal, Government Medical College, Narsampet,  
Warangal

20. D.D.No.                      Dt.                      of Rs.12,000/- (University fee for AIQ)

In Favor of Registrar, KNRUHS, Warangal

21. 4 Copies of Latest Color Photos

**Note: Bring two sets Xerox copies of all the above documents along with the originals**

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON-  
JUDICIAL STAMP PAPERS OF RS.100/-WITH NOTARY)  
BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2024-25

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 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 of admissions, I under take to pay KNR University of Health Sciences, a sum of Rs.20,00,000.00/- (Rupees Twenty lakhs only) and I am aware that I 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 the 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 under-take 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/BDS Course after joining 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 admissions into MBBS/BDS course in this state of Telangana besides payment of Rs.20,00,000.00/- (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.

**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..... , 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 and Dental Courses 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  
Candidate**

**Signature of the**

Aadhar

No.

Address:

Date:

Place:

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

**ANNEXURE I**

**AFFIDAVIT BY THE STUDENT**

I \_\_\_\_\_ Registration No. \_\_\_\_\_

S/o, D/o \_\_\_\_\_, having been admitted to **Government Medical College, Narsampet, Warangal (District)** 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 constrained in the said Regulations.

- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what fully constitutes ragging.
- 3) 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.
- 4) I hereby solemnly ever 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.
- 5) I hereby affirm that, if found guilty of ragging, I am liable 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.
- 6) 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 that I affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

Signature of the Student

Name:

NOTARY

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

**ANNEXURE – II**

**AFFIDAVIT BY PARENT /  
GUARDIAN**

- 1) Mr. /Mrs./Ms. \_\_\_\_\_ (full name of parent / guardian) father / mother / guardian of \_\_\_\_\_ (full name of student with admission / registration / enrolment number) having been admitted to **Government Medical College, Narsampet, Warangal (District)**, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009. (Here in after called the “Regulations”) carefully read and fully understood the provisions constrained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what fully constitutes ragging.
- 3) 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.
- 4) I hereby solemnly ever 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 commission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 6) I hereby declare that my ward has not been expelled or debarred form 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 that affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declare this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

Signature of the Parent

Name:

Address:

Telephone / Mobile No.

NOTARY