



**GOVERNMENT MEDICAL COLLEGE**  
**RAJANNA SIRCIILLA DISTRICT**  
**TELANGANA STATE**

**ADMISSIONS FOR MBBS COURSE 2024-2025**

**Admission Committee:**

01. Dr.B.Laxminarayana, Principal,UG & Professor & HOD, Pathology,
02. Dr.Anwerunnisa Sabry, Professor & HOD, Anatomy,
03. Dr.S M Vijaitha, Associate Professor of Biochemistry,
04. Dr.K.Ranjith Babu, Associate Professor of Physiology.
05. Dr.R.Richards, Associate Professor of Pathology.
06. Dr.B.Swathi, Associate Professor of Pharmacology.
07. Dr.B.Arpitha, Assistant Professor of Anatomy,
08. Dr.Syeda Noorulain, Assistant Professor of Biochemistry,
09. Dr.Blessy Prabhu Priyanka, Assistant Professor of Biochemistry,
10. Dr.K. Arun, Assistant Professor of Pathology,
11. Dr.Munazzah Tarham, Assistant Professor of Pathology,
12. Sri.Mirza Samiullah Baig, Office Superintendent (Academic),
13. Sri.M D Raziuddin, Office Superintendent (Establishment).

**For Queries and Information:**

1. Dr. K. Arun, Assistant Professor of Pathology(UG Adm. Incharge): **9182267732**
2. Sri. Mirza Samiulla Baig, Office Superintendent (Academic) : **9652764878**

**Reporting Time from 10:00AM to 04:00PM**

- Candidates who want to give willingness for upgradation 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 2024/January-2025) by the medical board of Medical counseling committee authorized centres**

**All the candidates who have been allotted MBBS seats in UG counseling, in this institute are hereby directed to submit the following documents:**

**THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED AT THE TIME OF ADMISSION  
by Convenor Quota (CQ) students:**

01. Provisional Allotment Order (Mandatory) / Allotment Order issued by KNRUHS
02. NEET- 2024 Hall Ticket (Mandatory)
03. NEET - 2024 Rank Card (Mandatory)
04. SSC Pass Certificate (Date of Birth Reference) or its equivalence (Mandatory)
05. 12<sup>th</sup> /Intermediate or equivalence Pass Certificate
06. Study and Conduct Certificate VI to X (Mandatory)
07. Study and Conduct Certificate Intermediate/XI & XII
08. Transfer Certificate (Mandatory)
09. Aadhaar Card Xerox Copy (Mandatory)
10. Latest Caste Certificate with father name ( for SC, ST, BC) (Mandatory)
11. Gap Certificate issued by Tahsildar/MRO (Mandatory)
12. Equivalence Certificate (Except students of TG, AP, CBSE Boards)
13. College Fee **Demand Draft** in favor of “**CDS, Govt. Medical College, Rajanna Sircilla**” Amount of Rs.29,000/- (OC,BC) and Rs.27,000/- (SC,ST).
14. Hostel Fee **Demand Draft** in favor of “**HOSTEL ACCOUNT GOVERNMENT MEDICAL COLLEGE RAJANNA SIRCILLA**” Amount of Rs.23,000/-  
**Note:** Candidates NEET rank to be entered on the back of the Demand Drafts.
15. Residential Certificate of candidate or parent issued by MRO/Tahsildar of Telangana /A.P for period of 10 years(period to be specified with exact month and year) excluding period of study or employment outside the state(Local/Non Local)
16. Employment certificate of the parent (for non -local status)
17. Minority certificate (if applicable).
18. EWS Certificate for the year 2024-25 issued by Tahsildar of state of Telangana (If applicable).
19. Latest parental Income Certificate (if applicable)
20. NCC certificate / CAP certificate / PMC certificate / Anglo Indian Certificate (if applicable).
21. PWD certificate (If Applicable) **certificate issued this year (December2023/January-2024) by the medical board of Medical counseling committee authorized centres.**
22. Passport Size Photos – 4 Nos. (Mandatory)
23. Form I & II (Rs.100/- Bond Format) (Mandatory)
24. Undertaking in the form of Affidavit 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 and they are responsible for any further consequences as per law shall be submitted at the time admission. If any discrepancy is noticed, the admission will be cancelled. (Mandatory)
25. Bond of Rs.20,00,000/- (Rupees Twenty Lakhs). (Mandatory)
26. For Bonds, Self attested copies of Aadhar & Pan card Xerox of Witnesses are to be enclosed.
27. **3 sets of Self Attested Copies of All certificates and Bonds.**
28. Processing charges Rs. 2000/- (Two Thousand Only) in case of candidates sliding to other college, in subsequent rounds, uniform processing charges to be deducted and the remaining amount is to be refunded to the candidate.
29. Preferred mode of payment for the candidates who are willing to participate in the subsequent rounds of counseling is Demand Draft for college fee, to avoid delay in refund process.

The above certificates will not return to him/her unless he/she completes the course as norms of KNR University of Health Sciences, Warangal, Telangana State.

**GOVERNMENT MEDICAL COLLEGE: RAJANNA SIRCILLA**

**MBBS BATCH 2024-2025**

**PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON: \_\_\_\_\_**

**Should be filled by the candidate own hand writing**

01. Full Name of the Candidate :  
(In block letters as per Intermediate Certificate)
02. Age and Date of Birth (As per SSC certificate) :
03. Gender :
04. Name of Father & Occupation :
05. Name of the Mother & Occupation :
06. Category, Sub-Category :
07. Marks Obtained & Percentage in 10+2 (PCBZ) :
08. Marks Obtained & Percentage in 10+2 (English) :
09. Address of the Parents :
- Phone No.(O) :  
(R) (Mobile) :
10. Student Mobile No:  
Email ID:  
Aadhar No:
11. Name of the college where the candidate studied (Inter or +2) :
12. Number of attempts of NEET :
13. Any significant medical history (epilepsy / Heart disease / Any condition under treatment) :
14. Contact Details of Local Guardian(if any) :
15. Hobbies/Special talents :

**Form-I**

**FORMAT OF UNDERTAKING BY THE STUDENT**

1. I \_\_\_\_\_ (Full name in BLOCK LETTERS) Son/Daughter of \_\_\_\_\_ Mr./Mrs./Ms \_\_\_\_\_ (Fullname in BLOCK LETTERS) admitted to the course of MBBS at Government Medical College, Rajanna Sircilla 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, 2022 (Here in 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 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 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.
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 in correct or false, my admissions is liable to be cancelled/withdrawn.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year.

Name of the Student:

Address:

Signature

Phone no.:

Witness I

Name and

Signature

Address

Witness II

Name and

Signature

Address

## Form-II

### FORMAT OF UNDERTAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1. I, \_\_\_\_\_ (Full name in **BLOCKLETTERS**) Father/Mother/Guardian of Mr./Mrs./Ms \_\_\_\_\_ (Full name of Student in **BLOCK LETTERS** ) admitted to the course of MBBS at Government Medical College, Rajanna Sircilla 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 per used 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 regulation3. 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

Phone no.:

Address

Witness I

Name and

Signature Address

Witness II

Name and

Signature Address

**KNRUHS DISCONTINUATION BOND**

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 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.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 here by 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 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)

(TO BE FILLED BY TWO WITNESSES)

(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 to a sum of Rs.20,00,000/-only(Rupees Twenty 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.20,00,000/- only (Rupees Twenty lakhs only), I, the said surety, shall, without any objection, pay the said due amount to The Registrar, KNRUHS, Warangal on demand.

It he 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 infavor of The Registrar, KNRUHS,  
Warangal to a sum of Rs.20,00,000/-only (Rupees Twenty 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.20,00,000/-only (Rupees Twenty lakhs only), I, the said surety, shall, without any objection, pay the said due amount to The Registrar, KNRUHS, Warangal 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**

Aadhar No.

Address:

Date:

Place:



**GOVERNMENT MEDICAL COLLEGE : RAJANNA SIRCILLA**  
**UG-MBBS ADMISSION FEE STRUCTURE (2024-25)**

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

**CDS, Govt. Medical College, Rajanna Sircilla.**

ACCOUNT NO : 052812010003021  
IFSC CODE : UBIN0805289  
BANK : UNION BANK OF INDIA  
BRANCH : SIRCILLA, RAJANNA SIRCILLA

**Hostel Fee Structure**

Sl. No.	Description	Amount	Frequency
01.	Non-Refundable Amount	5,000-00	One Time
02.	Caution Deposit (Refundable)	5,000-00	One Time
03.	Rent (Rs. 1000/- Per Month×12 Months)	12,000-00	Yearly
04.	Hostel Admission Application Fee	1,000-00	One Time
	<b>TOTAL</b>	<b>23,000-00</b>	

**Demand Draft** IN FAVOUR OF

**HOSTEL ACCOUNT GOVERNMENT MEDICAL COLLEGE RAJANNA SIRCILLA**

ACCOUNT NO : 5899000100034991  
IFSC CODE : PUNB0589900  
BANK : PUNJAB NATIONAL BANK  
BRANCH : SIRCILLA, RAJANNA SIRCILLA

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

Sl.No.	Description	Amount
01.	University Fees	Rs.12,000-00

DEMAND DRAFT IN FAVOUR OF "The Registrar, KNR University Of Health Sciences, Warangal" PAYABLE AT WARANGAL"

**GOVERNMENT OF TELANGANA REQUISITION FOR IDENTITY CARD**  
**GMC-RAJANNA SIRCILLA -2024-25**

To be filled in BLOCK LETTERS

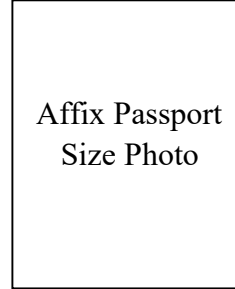
Name of the Student :

Department / Course :

Batch :

Date of Birth :

Blood Group :



Signature of Student

Full Permanent Address  
With Pin code :

Mobile No. :

Kindly Issue Identity card.

ADMN. OFFICER (ACAD.)  
GOVERNMENT MEDICAL COLLEGE,  
RAJANNA SIRCILLA.