



GOVERNMENT MEDICAL COLLEGE

NIRMAL, TELANGANA STATE - 504 106

ADMISSIONS FOR MBBS COURSE 2024-2025

UG Admission Committee:

1. Dr. V. Srinivas Kumar, Principal,
2. Dr. A. Saroja, Vice Principal (Prof & HOD- MCH),
3. Dr. T. Dinesh kumar, Vice Principal (Admin.)
4. Dr.K. Darahasa, Vice principal (Academic)
5. Dr K. Gopal singh, Vice principal (prof & HOD- paediatrics)
6. Dr. R. Sunil Kumar, Associate Professor (ENT)
7. Dr.B.Manoj Kumar, Assistant Professor (Anatomy)
8. Dr.Rajamanickam Laxmi, Assistant Professor (Microbiology)
9. Dr. Ankita Raj, Assistant Professor(Bio chemistry)
10. Sri. Ravinder, Office Superintendent,
11. Smt.H. Gangamani, Office Superintendent,
12. Sri.B. Naveen Kumar, Office Superintendent,
13. Sri. M.A. Qursheed, Office Superintendent,
14. Smt. P. Sujatha, Office Superintendent.

For Querries and Information:

1. Dr. V. Srinivas Kumar, Principal – 98850 88044
2. Dr. A. Saroja, Vice principal – 92477 42581
3. Dr. K. Darahasa, Vice Principal(Academic) – 84998 77242
4. Sri. Ravinder, Office Superintendent, -9440207289

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

- 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 (Person with Disability) quota, **certificate issued this year (December 2023/January-2024) 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 here by directed to submit the following documents:

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED AT THE TIME OF ADMISSION:

1. Provisional Allotment Order (Mandatory)
2. NEET Hall Ticket (Mandatory)
3. NEET Rank Card (Mandatory)
4. SSC Pass Certificate (Date of Birth Reference) or its equivalence (Mandatory)
5. 12th/Intermediate or equivalence Pass Certificate
6. Study and Conduct Certificate VI to X (Mandatory)
7. Study and Conduct of Intermediate/12th Class
8. Transfer Certificate (Mandatory)
9. Latest Caste Certificate with father name (Mandatory)
10. 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)
11. Employment certificate of the parent (for non-local status)
12. Minority certificate (if applicable).
13. EWS Certificate for the year 2024-25 issued by Tahsildar/MRO of the concerned state (If applicable).
14. Latest parental income certificate (if applicable)
15. NCC certificate / CAP certificate / PMC certificate / Anglo Indian Certificate (if applicable).
16. PWD certificate (If Applicable) certificate issued this year (December 2023/January-2024) by the medical board of Medical counseling committee authorized centres.
17. KNRUHS D.D in favor of “**THE REGISTRAR, KNRUHS, WARANGAL**” Fee **Rs.12,000/-** (For All India Quota)
18. College Fee **D.D** in favor of “**Government Medical College, Nirmal**” Amount of **Rs.29,000/-** (for OC, BC) & **Rs.27,000/-** (for SC, ST) and Hostel fee of **Rs.23,000/-** (For students who opted for hostel accommodation)
19. 4 Passport Size Photos (Mandatory)
20. AADHAR Card Xerox Copy (Mandatory)
21. Form I & II (Mandatory)
22. 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.
23. Bond of **Rs.20,00,000/-** (Rupees Twenty Lakhs Only) (Mandatory)
- 24. 2sets of Copies of All certificates and Bonds.**
25. Processing charges Rs. 2000/- (Two Thousand Only)
26. Mode of payment of fee : College Fee, KNRUHS Fee & Hostel fee (The candidates who opt for hostel accommodation) is through DEMAND DRAFT drawn from any Nationalised Banks Only.

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

GOVERNMENT MEDICAL COLLEGE:NIRMAL : NEET 2024

MBBS BATCH AY 2024 - 25

PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON: Dt. . . 2024.

Should be filled by the candidate in their own hand writing

1. Full Name of the Candidate :
(In block letters as per Intermediate Certificate)
2. Age and Date of Birth(As per SSC certificate) :
3. Sex :
4. Name of Father & Occupation :
5. Literacy Status of Father :
6. Name of the Mother & Occupation :
7. Permanent Address of the Parents :
 - i. Phone No.(Office)
 - ii. (Residence)
 - iii. (Mobile)
 - iv. Email ID
8. Temporary Address of the Candidate Phone No. (or) Mobile:
9. Name of the college where the candidate were last studied (Inter 2nd year or 10+2) :
10. Name of the coaching centre :
11. Number of attempts of NEET :
12. After completion of MBBS, Will you join in : Govt. / Private
13. Whether you wish to pursue PG Course.
If Yes, Which specialty you are interested in :
14. Any significant medical history (Epilepsy/Heart disease/Any condition under treatment) :
15. Contact Details of Parents/Guardian :
16. Hobbies / Special talents :
17. Name and Contact details of local guardian :

Form-I
(Prevention and Prohibition of Ragging in Medical Colleges and Institutions)

FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____ (Full name in BLOCKLETTERS)
Son/ Daughter of Mr./Mrs./Ms _____
(Full name in BLOCKLETTERS) admitted to the course of _____ at
GOVERNMENT MEDICAL COLLEGE, NIRMAL with Admission No. _____
_ 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 per used the provisions of regulations 3.And4. 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 under stood 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 here by 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 abetor propagate ragging in any form included but not limited to those
that maybe constituted under regulation 3.of the said regulations.
 - (iii). I will not hurt any one physically or psychologically or cause any other harm.
6. I here by 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

Phone no.

Witness I
Name and Signature
Address

Witness II
Name and Signature
Address

Form-II
(Prevention and Prohibition of Ragging in Medical Colleges and Institutions)

**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 BLOCKLETTERS*) admitted to the course of _____ at _____ GOVERNMENT Medical College, NIRMAL 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(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. And4. 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 here by 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 oratory 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 any one physically or psychologically or cause any other harm.
6. I here by 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

BOND

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

UNDERTAKING

I, Mr/Ms. _____

S/o:D/o:_____selected for MBBS/BDS

Course do hereby undertake to complete the course as per the requirements of KNR University of Health Sciences, in the event of my discontinuing the studies after joining the course after the date for free exit, I undertake to pay to KNR University of Health Sciences, a sum of **Rs.20,00,000/- (Rupees Twenty Lakhs only)**.

Signature of the Candidate

I, Mr/ Mrs. parent of Mr/Ms .do here by undertake to pay to 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 after the date for free exit by my Son/ Daughter.

Date:

Signature of Parent

Witness:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

Note: Sureties by Income Tax Payees/Gazetted Officers only.

(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, NIRMAL 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 Government Medical College, NIRMAL 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.....
AADHAR 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, NIRMAL 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 Government Medical College, NIRMAL 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.....
AADHAR No.:.....
PAN No.
Mobile No.:.....

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

UNDERTAKI NG

I, (Candidate name) S/o / D/o..... , bearing UG NEET 2024 Rank Noand
I,(Parent name)F/o: (Candidate name),bearing UG NEET 2024 Rank No_____here by 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 here by undertake that I shall not enter in to 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:

AADHAR No:

Mobile No.

Email ID:

Mobile No.

Email ID

Address:

Date:

Place:

GOVERNMENT MEDICAL COLLEGE: NIRMAL, TELANGANA
UG MBBS ADMISSION FEE STRUCTURE (AY 2024-25)

A) COLLEGE FEE :

S. No	Description	OC/BC	SC/ST	Frequency
01.	Tuition Fee	10000-00	10000-00	YEARLY
02.	E-Library	2000-00	2000-00	YEARLY
03.	Library Fee	2000-00	2000-00	YEARLY
04.	Central Stores	2000-00	2000-00	ONCE
05.	CDS (College Development Society)	5000-00	5000-00	ONCE
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
	TOTAL	29,000-00	27,000-00	

B) Hostel Fee Structure

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

Demand Draft (DD) in favour of : **GOVERNMENT MEDICAL COLLEGE,**

NIRMAL ACCOUNT NO :**357502014113660**

IFSC CODE : **UBIN0535753**

BANK : **UNION BANK OF INDIA**

BRANCH : **Shivaji Chowk Branch, Bhainsa Road, Nirmal, Telangana - 504 106**

C) KNRUHS University Fees (For AIQ Students only)

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

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

GOVERNMENT OF TELANGANA
REQUISITION FOR IDENTITYCARD
Govt. Medical College, NIRMAL - AY 2024-25

To be filled in BLOCKLETTERS

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, NIRMAL