



GOVERNMENT MEDICAL COLLEGE::
KUMURAMBHEEM ASIFABAD::
::TELANGANA STATE::

ADMISSIONS FOR MBBS COURSE 2024-25

1. Dr. P. Sathish Kumar ,
Principal, Government Medical College, Kumurambheem Asifabad.
2. Dr. D. Sathyam, Assistant Professor of Biochemistry
3. Dr. K. Krishna, Assistant Professor of Orthopaedics
4. Dr. K. Priyadarshini, Assistant Professor of Physiology

For Queries and Information:

1. Dr. K. Priyadarshini, Assistant Professor of Physiology, No. 6302061701
2. Sri. S. Sumanth Reddy, Office Superintendent, No. 8328166281

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

- Candidates who want to give willingness for upgradation for Round-2 while retaining Round-1 seat, **“HAVETOREPORTPHYSICALLY”** 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 should be latest- by the medical board of Medical counseling committee authorized centers**

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

GOVERNMENT MEDICAL COLLEGE:
KUMURAMBHEEM ASIFABAD:

Rc.No.GMC/KBASF/ACAD/2024

Date:

CERTIFICATE

This is to certify that
S/o.D/o.....Neet Rank..... Neet Roll
No.....has submitted the following Certificates / Documents of MBBS Course of 2024-
25Batch.

1. Provisional Allotment Order
2. Neet UG ADMIT Card – 2024 (Mandatory)
3. Neet UG Rank Card – 2024 (Mandatory)
4. Birth Certificate (SSC Marks Memo) (Mandatory)
5. Qualifying Exam Certificate (Intermediate Marks Memo OR Equivalent- Grade Certificate NotAccepted (Mandatory)
6. Study Certificates VI toX (Mandatory)
7. Study Certificates XI & XII (Intermediate) (Mandatory)
8. Latest Caste Certificate (Mandatory - if applicable) with father Name
9. Transfer Certificate (Mandatory)
10. Minority Certificate (Mandatory - If applicable)
11. EWS Certificate for the year 2024-25- Claiming Reservation under EWS Categories issued byCompetent Authority (Tahsildar) of State of Telangana (Mandatory - if applicable)
12. Latest Parental Income Certificate (If applicable)
13. Residence Certificate of the Candidate or either parent issued by MRO /Tahasildar of Telangana /AP for a period of Ten(10) years (period to be specified with exact month and year) excluding the periodof Study / employment outside the state (Mandatory – if applicable)
14. NCC Certificate (Mandatory – If applicable)
15. CAP Certificate (Mandatory – If applicable)
16. PMC Certificate (Mandatory – If applicable)
17. Anglo Indian Certificate (Mandatory – If applicable)
18. Employment Certificate of parent (For Non-Local Status)
19. D. D in favor of “**THE REGISTRAR, KNRUHS, WARANGAL**”) Fee Rs. 12000/- (All IndiaQuota) (Mandatory)
20. College Fee **DEMAND DRAFT** in favor of the **PRINCIPAL, GOVERNMENT MEDICALCOLLEGE, KUMURAMBHEEM ASIFABAD** Amount of Rs. 29,000/- (OC, BC) and Rs.27,000/- (SC,ST) (Mandatory)
21. 4 Passport Size Photos (Mandatory)

22. Aadhaar Card Xerox Copy (Mandatory)
23. Form I & II (Enclosed)
24. Specimen Signature of the Candidate (Mandatory)
25. 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 of admission. If any discrepancy is noticed, the admission will be cancelled. (Mandatory)
26. Bond of Rs. 20,00,000/- (Rupees Twenty Lakhs). (Mandatory)

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

Signature of Candidate

Signature of Verifying Officer

Signature of Originals receiving office

SIGNATURE

**GOVERNMENT MEDICAL COLLEGE : KUMURAMBHEEM ASIFABAD: NEET – 2024 MBBS
BATCH 2024-25 PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON:**

Should be filled by the candidate own handwriting:

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
:Phone No.
(OR)
(Mobile)
8. Temporary Address of the Candidate :

Phone No
(OR)
Mobile:
9. Name of the college where the candidate
where last studied (Inter 2ndyear or +2) :
10. Name of the Coaching Centre :

(If Studied)
11. Number of attempts of NEET :
12. After Completion of MBBS Course
whether you will join in : Govt. Service / Private Service
13. Whether you wish to pursue Postgraduate
course if yes which specialty :

Form – I

FORMAT OF UNDER TAKING BY THE STUDENT

1. I _____
_Son/Daughter of Mr./Mrs./Ms _____
admitted to the course of _____)
at Government Medical College, Kumurambheem Asifabad 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 (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 me in case I am found guilty of ragging or
abetting ragging actively or passively or
5. being part of conspiracy to promote ragging.
6. I hereby undertake that _____
 - (i). I will not indulge in any behavior or act that may come under the definitions of ragging as
maybe 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 maybe constituted under regulation 3 of the said regulations.
 - (iii). I will not hurt any one physically or psychologically or cause any other harm.
7. 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.
8. 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 corrector 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 _____
_Father/Mother/Guardian of Mr./Mrs./Ms _____
_admitted to the course of _____) at
Government Medical College, Kumurambheem Asifabad 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. 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 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 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:

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES
WARANGAL 506002 BOND FOR UGMBBS/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 here by undertake 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 after the date for free exit, I under take to pay KNR University of Health Sciences, a sum of **Rs.20,00,000.00/- (Rupees Twenty Iakhs only)**.

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 Iakhs only) in case of discontinuation of MBBS/BDS Course after joining by my son/daughter.

Signature of the Parent

Permanent address, & Aadhar
card No & Mobile No:

Witnesses with details
of Permanent address
& Aadhar card No & Mobile

No:1.

2.

Xerox copies of Aadhar cards along with mobile no's of witness should be enclosed along with the bond.

NOTARY

(TO BE FILLED BY TWOSURITIES)

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, Govt. Medical College, Kumurambheem Asifabad to a sum of Rs.20,00,000/-only(Rupees Twenty lakhs only),I _____ here by stand assurety, 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 Govt. Medical College, Kumurambheem Asifabadon 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.:

In consideration of the Surety Bond executed by the student (Mr./Ms. _____) Son of/daughter of _____ resident of _____ infavor of The Registrar, KNRUHS, Warangal and the Principal, Govt. Medical College, Kumurambheem Asifabad to a sum of Rs.20,00,000/-only (Rupees Twenty lakhs only), I _____ hereby stand assurety, 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 Govt. Medical College, Kumurambheem Asifabadon 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.:

**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 UGNEET 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 College 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 TELANGANA

GOVERNMENT MEDICAL COLLEGE,
KUMURAMBHEEMASIFABAD

New Under Graduate (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
	TOTAL	29000-00	27000-00	

Demand draft in favour of “**PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, KUMRUAMBHEEM ASIFABAD**” payable at Kumurambheemasifabad from any Nationalized Bank.

Hostel Fee Structure(2023-24)

Sl. No.	Description	Amount
01.	Non-Refundable Amount	5000-00
02.	Caution Deposit (Refundable)	5000-00
03.	Rent (Rs. 1000/- Per Monthx12 Months)	12000-00
04.	Hostel Admission Application Fee	1000-00
	Total	23000-00

Demand draft in favour of “**PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, KUMRUAMBHEEM ASIFABAD**” payable at Kumurambheemasifabad from any Nationalized Bank.

University Fees(For AIQ Students only)

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

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

SD/-
Principal
Govt. Medical College
Kumuram bheem Asifabad.