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

ADMISSIONS FOR MBBS COURSE 2026-2027

1. Dr. Venkat Lakavath , Principal, Government Medical College, Kumurambheem Asifabad.

For Queries and Information:

1. Dr. D. Satyam, Assistant Professor, I/c.Vice Principal (Mobile No : 7416478184)
2. Dr. P. Sathish Kumar, Assistant Professor, I/c.Vice Principal (Mobile No : 8919016523)
3. Sri. S.Sumanth Reddy, Office Superintendent, Mobile.No. 8328166281
4. Sri. T. Sandeep, DEO Mobile. No : 9000960714
5. Sri. P. Harish, DEO, Mobile. No : 8374752893

Reporting time from 10:00 A.M. to 04:00 P.M.

➢ All India Quota candidates who have exercised their willingness for upgradation in Round I and Round II are not required to report physically to the allotted institute.

➢ All India quota candidate who have not exercised their willingness for upgradation and wants to retain / Freeze the seat allotted in Round – I & II **"**Must Report Physically**"** at the allotted institute to confirm their admission.

➢ All the all India quota candidates who are allotted seat in Round – III, must report physically to the allotted institute to freeze the seat and confirm their admission.

➢ For allotment under OBC Quota, the latest OBC Certificate issued by the Competent authority of the concerned State Government, not below the rank of Tahsildar, shall be considered valid.

➢ For allotment under SC /ST Quota, the latest SC /ST Certificate issued by the Competent authority of the concerned State Government, not below the rank of Tahsildar, shall be considered valid.

➢ For allotment under EWS Quota, the latest EWS Certificate issued by the Competent authority of the concerned State Government, not below the rank of Tahsildar, shall be considered valid.

➢ For allotment under PWD Quota, Certificate Issued by the Medical Board of Medical Counselling Committee authorized Centers, shall be considered valid.

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

GOVERNMENT MEDICAL COLLEGE:
KUMURAMBHEEM ASIFABAD:

Rc.No.GMC/KBASF/ACAD/2026 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 2026-27 Batch.

1. Provisional Allotment Order
2. Neet UG ADMIT Card – 2026 (Mandatory)
3. Neet UG Rank Card – 2026 (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 2026-27- Claiming Reservation under EWS Categories issued by Competent 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. 2 Sets of Xerox Copies of All certificates and Bonds

26. 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 areresponsible for any further consequences as per law shall be submitted at the time admission. If anydiscrepancy is noticed, the admission will be cancelled.(Mandatory)

27. 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 norms of KNR University of Health Sciences, Warangal, Telangana State.

28. Declaration Form against Drug Abuse (Mandatory)

29. Gap Certificate (Mandatory – If applicable)

Signature of Candidate

Signature of Verifying Officer

Signature of Originals receiving office

SIGNATURE

GOVERNMENT MEDICAL COLLEGE : KUMURAMBHEEM ASIFABAD: NEET – 2026

MBBS BATCH 2026-2027 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. Gender. (Male/Female) :

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 2nd year 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 :

SIGNATURE OF THE PARENT

SIGNATURE OF THE STUDENT

MOBILE NO :

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(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 maybe 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, orbeing 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 becancelled/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

- **ALL WITNESSES WHO HAVE SIGNED HAS TO SUBMIT THERE AADHAR COPY WITH SELF ATTESTED**

Form – II

FORMAT OF UNDER TAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1. I_____
   Father/Mother/GuardianofMr./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 havefully 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 inforce.
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:

- **ALL WITNESSES WHO HAVE SIGNED HAS TO SUBMIT THERE AADHAR COPY WITH SELF ATTESTED**

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAKCNG IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPERS OF RS100/-WITH NOTARY)
BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2026-27

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 with self attested along with mobile no's of witness should be enclosed along with the bond.

NOTARY

(TO BE FILLED BY TWO SURITIES)

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 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 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_____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_____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 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.: ……..

Note: Xerox copies of Aadhar & pan cards along with mobile no's and self attestation of sureties should be enclosed along with the bond .

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

U N D E R T A K I N G

I, (Candidate name) S/o / D/o..... , bearing UG NEET 2026 Rank No …… and I,(Parent name)F/o:(Candidate name),bearing UG NEET 2026 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 2026-2027 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:

UNDERTAKING / DECLARATION AGAINST DRUG ABUSE

We the undersigned, here by solemnly affirm and under take 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 there under, 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 under takes 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, with holding 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 here in is true and correct to the best of our knowledge and belief ,and we agree to abide by this undertaking through out the period of study.

Name of the Student:

NEET Roll No: Course:

College:

Academic Year:

Name of Parent/Guardian:

Relationship with Student:

Address:

Mobile No.:

Signature of the Student

Signature of the Parent/Guardian

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" p**ayable at Kumurambheem Asifabad from any Nationalized Bank**.**

Hostel Fee Structure(2026-2027)

Sl. No.	Description	Amount
01.	**Non-Refundable Amount**	**5000-00**
02.	**Caution Deposit (Refundable)**	**5000-00**
03.	**Rent (Rs. 1000/- Per Month×12 Months)**	**12,000-00**
04.	**Hostel Admission Application Fee**	**1000-00**
Total		**23,000-00**

Demand draft in favour of **"PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, KUMRUAMBHEEM ASIFABAD" p**ayable at Kumurambheem Asifabad 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
Government Medical College
Kumurambheem Asifabad