	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 I toX (Mandatory)
7. Study Certificates XI & XII (Intermediate) (Mandatory)
8. Latest Caste Certificate (Mandatory - if applicable) with father Name
9. Transfer Certificate (Mandatory)
10. Migration Certificate (If studied in other State)
11. Equivalent certificate (If studied in other State, apply through https://tgbienew.cgg.gov.in/home.do)
12. PWD certificate (If Applicable signed by competent authority)
13. Minority Certificate (Mandatory - If applicable)
14. EWS Certificate for the year 2026-27- Claiming Reservation under EWS Categories issued by Competent Authority (Tahsildar) of State of Telangana (Mandatory - if applicable)
15. Latest Parental Income Certificate (If applicable)
16. 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)
17. NCC /Sports /CAP/PMC(If Applicable signed by competent authority)
18. Anglo Indian Certificate (Mandatory – If applicable)
19. Employment Certificate of parent (For Non-Local Status)
20. D. D in favor of "**THE REGISTRAR, KNRUHS, WARANGAL")** Fee Rs. 12000/- (All IndiaQuota) (Mandatory)
21. 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)
22. Demand Draft-No _____Date_____Amount Rs. _____

23. 4 Passport Size Photos (Mandatory)
24. Aadhaar Card **(e-validated)**
25. Specimen Signature of the Candidate (Mandatory)
26. 2 Sets of Xerox Copies of All certificates and Bonds
27. Discontinuation Bond Paper notarized of Rs.100 **(for Rs.20 Lakhs)**
28. To be Filled by Two Sureties (Certified by Notary) Aadhar and PAN card Xerox copies along with Signature of concern sureties.
29. On non Judicial stamp paper notarized of Rs.100
    (Anti ragging affidavit by the Student)
30. On non Judicial stamp paper notarized of Rs.100
    (Anti ragging affidavit by the Parent)
31. On non Judicial stamp paper notarized of Rs.100
    (Genuinity of certificate).
32. On non Judicial stamp paper notarized of Rs.100
    (Anti-Drug Declaration Bond)
33. On non Judicial stamp paper notarized of Rs.100 for PWD Candidates
34. 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 :

NOTARIZATION MANDATORY

Form – I

ANTI RAGGING AFFIDAVIT 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 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 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.

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, 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**

NOTARIZATION MANDATORY

Form – II

ANTI RAGGING AFFIDAVIT BY THE STUDENT / GUARDIAN

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 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**

NOTARIZATION MANDATORY

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)** and I am aware that I will be debarred for three years for admission into MBBS 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 Iakhs only) in case of discontinuation of MBBS/BDS Course after joining 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

Mobile No :

Witness :

1. Signature :
   Name and Address in full :
   Mobile No :

2.Signature :
   Name and Address in full :
   Mobile No :

Note : Xerox copies of Aadhar cards with self attested along with mobile no's of witness should be enclosed along with the bond

NATARIZATION MANDATORY

(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 .

NOTARIZATION MANDATORY

KNRUHS –GENUINITY BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPERS OF 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:

NOTARIZATION MANDATORY

KNRUHS - UNDERTAKING/DECLARATION AGAINST DRUG ABUSE

PROFORMA FOR ANTI – DRUG UNDERTAKING/DECLARATION IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

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: **Name of Parent/Guardian:**

NEET Roll No: Course: **Relationship with Student:**

College: **Address:**

Mobile No.:

Academic Year:

Signature of the Parent/Guardian

Signature of the Student **Signature of the Parent/Guardian**

Date :

Place:

GOVERNMENT MEDICAL COLLEGE TELANGANA

GOVERNMENT MEDICAL COLLEGE, KUMURAMBHEEM ASIFABAD

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, KUMURAMBHEEM 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, KUMURAMBHEEM 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

APPENDIX

PLEASE FILL APPLICABLE FORMS……

APPENDIX - A

Self-Certification Affidavit
(To be filled by all applicants under PwBD Category)

Name of the Candidate:

NEET UG 2026 Roll No:

NEET UG 2026 Rank:

UDID No:

Disability Type:

- Locomotor
- Hearing
- Visual
- Cognitive/SLD
- Others: _____ (Please specify)

Disability Percentage as per UDID card: _____ %

Assistive Devices Used (if any): _____

Essential Functional Competencies:

Competency Area	Description	Candidate Declaration (✓/✗)
A. Communication	I can communicate clearly and empathetically with people using assistive devices	
B. Hearing	I can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants. I undertake to fulfil the eligibility criteria set under Form Appendix B	
C. Dominant Hand Functionality	I can write and hold instruments using my dominant or aided hand. I undertake to fulfil the eligibility criteria set under Appendix C and D	
D. Understanding/Communication	I can follow and comprehend medical terminology and maintain social interaction. I undertake to fulfil the eligibility set under Form Appendix E	
E. Vision	My vision improves to the percentage lower than 40% I can perform with the help of Low vision Aid I undertake to fulfil the eligibility criteria set under Form Appendix F	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

NOTE: Persons with benchmark disabilities other than Locomotor /Visual/ Hearing/ SLD/ ASD/ Mental illness will have to submit the self-certified affidavit at Appendix A only (Eg: Blood Disorders – Haemophilia, Thalassemia and Sickle Cell disease, Chronic Neurological Conditions etc.)

APPENDIX - B

AFFIDAVIT
(HEARING IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I have hearing loss in
  - Right Ear
  - Left Ear
  - Both Ears
  - Neither

- I use
  - Prescribed Hearing Aid
  - Cochlear Implant
  - None

I declare as under:

Sl.No	Functional Ability regarding following Activities declared	Candidate Declaration (✓/✗)
1	Communicate effectively using the above-mentioned assistive devices	
2	Engage in a conversation in a quiet and noisy environment	
3	Understand and respond to verbal instructions	
4	Carry out phone conversations	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX - C

AFFIDAVIT
(LOCOMOTOR DISABILITY)
(UPPER EXTREMITY-COORDINATED ACTIVITY)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my functional ability in performing the basic Coordinated Activities as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	Can you lift overhead objects and place them at the same place?	
2	Can you touch tip of the nose with the tip of a finger?	
3	Can you eat by yourself?	
4	Can you groom, comb and plate by yourself?	
5	Can you put on a shirt/kurta/upper garment on your own?	
6	Can you clean yourself after toileting (Act of Ablution)?	
7	Can you Drink water holding a Glass/tumbler?	
8	Can you button/unbutton your clothes?	
9	Can you put on trousers/pant/lower garment/Tie Nara, Dhoti using the Zip as the case may be?	
10	Can you hold a Pen/Pencil and write?	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX - D

AFFIDAVIT
(LOCOMOTOR DISABILITY)
(LOWER EXTREMITY-STABILITY COMPONENTS)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my functional ability to perform the following functions as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	Can you bear weight and stand on both legs?	
2	Can you bear weight and stand on your affected leg?	
3	Can you walk on plain surfaces?	
4	Can you sit on a chair by yourself?	
5	Can you take turn to the right and left side?	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX E

AFFIDAVIT
(MENTAL ILLNESS/SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM SPECTRUM DISORDER)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my ability to perform the following functions as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	I can communicate clearly and empathetically with people	
2	I can listen and respond to speech in both quiet and noisy environments	
3	I can follow instructions, comprehend required medical terminology, and maintain social interaction	
4	I can understand and respond to verbal instructions and can carry out phone conversations	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX F

AFFIDAVIT
(VISUAL IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I have visual impairment in
  - Left Eye
  - Right Eye
  - Both Eye
  - Neither
- I am using Low Vision Aid (s)
- With the use of Low Vision Aid, I declare the fulfilment of following criteria:

Sl.No	**ALL MANDATORY CRITERIAS FULFILLED WITH THE LOW VISION AID**	**Candidate Declaration (✓/✗)**
1	Best corrected visual acuity improves such that the visual disability becomes less than 40%	
2	The field of vision is > 40 degree in the eye which is using the LVA	
3	The LVA is hands free and suitable for everyday use	

- I hereby affirm that I can perform with the use of Low Vision Aid.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by: