



GOVERNMENT OF TELANGANA
GOVERNMENT MEDICAL COLLEGE KARIMNAGAR, DIST. KARIMNAGAR.
ADMISSIONS FOR MBBS COURSE 2026-27.

For Queries and Information (Administrative Staff).

Sl. No.	Name of the Employee	Designation	Contact No.
01	Sri. L. Raju	MSW Gr-I	9866625166
02	Smt. G. Sharada	Health Educator	9908612157
03	Mr. Md. Pasha	Data Entry Operator	8328602767
04	Mr. J. Srinivas	Data Entry Operator	7207042104

Reporting time from 10:00 A.M. to 05:00 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 MBBS Seats in UG Counselling, in this Institute are hereby directed to submit the Following Documents.

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

Sl. No	Name of The Particular	Check	
1	NEET UG ADMIT Card -2026 – Mandatory	Yes	No
2	NEET UG Rank Card - 2026 – Mandatory	Yes	No
3	Provisional Allotment Order – Mandatory	Yes	No
4	Birth Certificate /SSC Marks Memo (or) Its Equivalent – Mandatory	Yes	No
5	Qualifying Exam Certificate - Intermediate Marks Memo – Mandatory . {Grade Certificate Not Accepted}	Yes	No
6	Transfer Certificate – Mandatory	Yes	No
7	Study & Conduct Certificates 9 th to 10 th – Mandatory	Yes	No
8	Study & Conduct Certificates Intermediate / (10+2) Certificate – Mandatory	Yes	No
9	Equivalent Certificate of the Qualifying Exam for All India Quota – Mandatory	Yes	No
10	Migration Certificate for All India Quota – Mandatory	Yes	No
11	Latest Parental Income Certificate – Mandatory (If applicable)	Yes	No
12	Latest Permanent Caste Certificate – Mandatory (If applicable)	Yes	No
13	Minority Certificate – Mandatory (If applicable)	Yes	No
14	EWS Certificate for the year 2026-27 issued by Competent Authority not below the rank of Tahsildar of concerned State Government – Mandatory (If applicable)	Yes	No
15	Residence Certificate of the Candidate or either parent, issued by the competent authority not below the rank of Tahsildar of concerned state for a period not less than Five (05) years. (Period to be specified with exact month and year) excluding the period of Study / employment outside the state – Mandatory (If applicable)	Yes	No
16	GAP Certificate Issued by the competent authority not below the rank of Tahsildar of concerned state – Mandatory (If applicable)	Yes	No
17	NCC Certificate – Mandatory (If applicable)	Yes	No
18	CAP Certificate – Mandatory (If applicable)	Yes	No
19	PMC Certificate – Mandatory (If applicable)	Yes	No
20	Anglo Indian Certificate – Mandatory (If applicable)	Yes	No
21	PWD Certificate (Mandatory - if applicable) certificate issued by the Medical Board of Medical Counselling committee authorized centres.	Yes	No
22	Service Certificate from Competent authority of Mother or Father, Where Candidates period (01 or More Years) of study is outside Telangana – Mandatory (If applicable)	Yes	No

23	Form - I, Undertaking by Student (Anti Ragging) – Mandatory	Yes	No
24	Form - II, Undertaking by the Parent / Guardian (Anti Ragging) – Mandatory	Yes	No
25	Form - III, Undertaking / Declaration Against Drug Abuse – Mandatory	Yes	No
26	Certificate Genuinity Undertaking Form of Affidavit on Rs.100 Non-Judicial stamp paper by the candidate and parent. If any discrepancy is noticed, the admission will be cancelled – Mandatory	Yes	No
27	KNRUHS Discontinuation Bond of Rs.20,00,000/- (Rupees Twenty Lakhs) on Rs.100 Non-Judicial stamp paper – Mandatory	Yes	No
28	Sureties by (02 Members) - Income Tax Payers / Gazetted Officer for KNRUHS Discontinuation Bond other than parents. (Self-Attested Xerox copies of Aadhaar and Pan Card of sureties) – Mandatory	Yes	No
29	Hon'ble Court Orders – Mandatory (If Applicable)	Yes	No
30	University Fee DEMAND DRAFT in favour of “THE REGISTRAR KNRUHS WARANGAL”) payable at WARANGAL, Amount of Rs.12,000/- (All India Quota) – from a Nationalized Bank Only – Mandatory	Yes	No
31	College Fee DEMAND DRAFT in favour of “THE PRINCIPAL GOVERNMENT MEDICAL COLLEGE KARIMNAGAR payable at KARIMNAGAR , Amount of Rs. 29,000/- (OC, BC) and Rs.27,000/- (SC, ST) – from a Nationalized Bank Only – Mandatory	Yes	No
32	Processing Fee DEMAND DRAFT in favour of “Principal Govt Medical College Karimnagar Admissions” payable at KARIMNAGAR , Amount of Rs. 2000/- from a Nationalized Bank Only – Mandatory.	Yes	No
33	Latest 4 Passport Size Photos – Mandatory	Yes	No
34	Aadhaar Card Xerox Copy – Mandatory	Yes	No
35	Specimen Signature of the Candidate – Mandatory	Yes	No
36	2 sets of self-attested xerox copies of all certificates and Bonds – Mandatory	Yes	No

The above certificates will not be returned to the candidate / student unless he/she completes the course as per norms of KNR University of Health Sciences, Warangal, Telangana State.

GOVERNMENT MEDICAL COLLEGE: KARIMNAGAR: NEET - 2026 MBBS BATCH 2026-27

PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON: _____

SHOULD BE FILLED BY THE CANDIDATE OWN HAND WRITING:

1. Full Name of the Candidate :
(In block letters as per SSC Certificate)
2. Age and Date of Birth (As per SSC certificate) :
3. Gender :
4. Name of Father & Occupation :
5. Literacy status of Father :
6. Name of the Mother & Occupation :
7. Permanent Address of the Parents :
Parents Phone No. (Or) Mobile
8. Temporary Address of the Candidate :
Phone No (Or) Mobile
9. Name of the College where the candidate :
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 / Guardian

Signature of the Candidate

FORM - I
FORMAT OF UNDER TAKING BY THE STUDENT (ANTI - RAGGING)

01. I, _____ Son/ Daughter of Mr./Mrs./ Ms. _____ admitted to the course of MBBS at Government Medical College, Karimnagar 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).
02. I have carefully read and fully understood the provisions in the said Regulations.
03. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes – Ragging.
04. 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.
05. 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.
06. 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.
07. 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 declarations is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed on this _____ Day of _____ Month of _____ Year.

Signature

Name of the Student

Phone No.

Address.

Witness – I

Name, Signature and Address

Witness – II

Name, Signature and Address

FORM - II
FORMAT OF UNDER TAKING BY THE PARENTS/ GUARDIAN OF THE
CANDIDATE / STUDENT

01. I, _____ Father / Mother / Guardian of Mr./Mrs./Ms. _____ admitted to the course of MBBS at Government Medical College, Karimnagar with _____ Admission Number affiliated to Kaloji Narayana Rao University of Health Sciences, hereby declared 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).
02. I have carefully read and fully understood the provisions in the said Regulations.
03. I have particularly perused the provisions of regulations 3 and 4 of the said regulations and have fully understood what constitutes – Ragging.
04. 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.
05. 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 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.
 - III. 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.
- I will not hurt anyone physically or psychologically or cause any other harm.
06. 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.
07. I also declare that, my Son/ Daughter / Ward 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 declarations is incorrect or false, his / her admission 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, Signature and Address

Witness – II

Name, Signature and Address

Form - III
**UNDER TAKING / DECLARATION AGAINST DRUG ABUSE BY THE PARENTS/
GUARDIAN OF THE CANDIDATE / STUDENT**

We, the undersigned, hereby solemnly affirm and undertake 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 thereunder, 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 undertakes 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, withholding 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 herein is true and correct to the best of our knowledge and belief, and we agree to abide by this undertaking throughout the period of study.

Name of the Student:

Name of Parent / Guardian:

NEET Roll No:

Relationship with Student:

Course:

Address:

College:

Mobile No.:

Academic Year:

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

CERTIFICATE GENUINITY UNDERTAKING

I, _____(Candidate Name) S/o. D/o. _____,
Bearing UG NEET – 2026 Rank No._____, and I, _____ (Parent
Name) F/o. _____(Candidate Name), Bearing UG NEET Rank
No._____ hereby give an undertaking as below in connection with our claim with regards
to certificates submitted for admission into UG Medical Course for the academic year 2026-27 in
Colleges affiliated to Kaloji Narayana Rao, University of Health Sciences.

We, hereby declare that all our Certificates are genuine.

I, am aware that if the submitted relevant certificates (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 Kaloji
Narayana Rao, 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.

Mobile No.

Address.

Dated.

Place.

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 2026-27

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 admission, I under take to pay KNR University of Health Sciences, a sum of Rs.20,00000/- (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.20,00000/- (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.20,00,00/- (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

Witness:

1)

2)

SURITIES BY INCOME TAX PAYERS/GAZETTED OFFICERS ONLY

(TO BE FILLED BY TWO SURITIES)

(I.) In consideration of the Surety Bond executed by the student (Mr./Ms. _____ Son of/Daughter of _____ Resident of _____ in favour of The Registrar, KNRUHS, Warangal and the Principal, Govt. Medical College, Karimnagar to sum of Rs.20,00,000/- (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 Rs.20,00,000/- (Rupees Twenty lakhs only). I the said surety, shall, without any objection, pay the said due amount to the Govt. Medical College, Karimnagar 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.....

(II). In consideration of the Surety Bond executed by the Student (Mr./Ms. Son of/daughter of resident of in favour of The Registrar, KNRUHS, Warangal and the Principal, Govt. Medical College, Karimnagar to a sum of Rs.20,00,000/- (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 Rs.20,00,000/- (Rupees Twenty lakhs only), I the said surety, shall, without any objection, pay the said due amount to the Govt. Medical College, Karimnagar 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.....

GOVERNMENT OF TELANGANA

GOVERNMENT MEDICAL COLLEGE KARIMNAGAR, DIST. KARIMNAGAR.

NEW UNDER GRADUATE (MBBS COLLEGE FEE STRUCTURE)

Sl.No.	Description	OC/BC	SC/ST	Frequency
1	Tuition Fee	₹ 10,000.00	₹ 10,000.00	Yearly
2	CDS	₹ 5,000.00	₹ 5,000.00	One Time
3	E- Library	₹ 2,000.00	₹ 2,000.00	Yearly
4	Central Stores	₹ 2,000.00	₹ 2,000.00	One Time
5	Library Fee	₹ 2,000.00	₹ 2,000.00	Yearly
6	Caution Deposit	₹ 3,000.00	₹ 3,000.00	One Time
7	Academic Development Fund	₹ 3,000.00	₹ 1,000.00	One Time
8	Non – Government Fund	₹ 2,000.00	₹ 2,000.00	One Time
	TOTAL	₹ 29,000.00	₹ 27,000.00	
Demand Draft in Favour of <u>“PRINCIPAL GOVERNMENT MEDICAL COLLEGE KARIMNAGAR”</u> , Payable at Karimnagar from any Nationalized Bank.				

Sl.No.	Description	Amount	Frequency
1	Non-Refundable Amount	₹ 5,000.00	One Time
2	Caution Deposit (Refundable)	₹ 5,000.00	One Time
3	Rent (Rs. 1000/- Per Month - 12 Months)	₹ 12,000.00	Yearly
4	Hostel Admission Application Fee	₹ 1,000.00	One Time
TOTAL		₹ 23,000.00	
Demand Draft in Favour of			
01. GIRLS HOSTEL: - <u>“PRINCIPAL GIRLS HOSTEL GMC KARIMNAGAR”</u>			
02. BOYS HOSTEL: - <u>“PRINCIPAL BOYS HOSTEL GMC KARIMNAGAR”</u>			
Payable at Karimnagar from any Nationalized Bank.			

UNIVERSITY FEE (FOR AIQ Students Only)

Sl.No.	Description	Amount
01	University Fee	₹ 12,000.00
Demand Draft in Favour of <u>“The Registrar KNR University of Health Sciences Warangal”</u> , Payable at Warangal from any Nationalized Bank.		

Processing Charges of Rs. 2000/- Demand Draft in favour of the **“Principal Govt Medical College Karimnagar Admissions”** Payable at Karimnagar (Non - Refundable), from any Nationalized Bank.

**** Note. All DD (Demand Draft) Must be Drawn from a Nationalized Bank Only.**



GOVERNMENT MEDICAL COLLEGE KARIMNAGAR, DIST. KARIMNAGAR.

REQUISITION FOR IDENTITY CARD

To be filled in BLOCK LETTERS

01. Name of the Student :
02. Department / Course :
03. Academic Batch :
04. Date of Birth :
05. Blood Group :
06. Full Permanent Address
with Pin code :
07. Student Mobile Number :
08. Parent Mobile Number :

Affix Recent
Passport Size
Photograph

Kindly Issue Identity Card.

Signature of the Student.

Administrative Officer,
(Academic)
Govt. Medical College,
Karimnagar.