



GOVERNMENT OF TELANGANA
GOVERNMENT MEDICAL COLLEGE KARIMNAGAR, DIST. KARIMNAGAR.
ADMISSIONS FOR MBBS COURSE 2024-25.

UG ADMISSION COMMITTEE.

01. Dr. T. Kavitha, Principal, Government Medical College, Karimnagar.
02. Dr. R. Shanthan Kumar, Administrative Vice Principal, Govt. Medical College, Karimnagar.
03. Dr. P. Sunitha, Academic Vice Principal, Govt. Medical College, Karimnagar.

Sl.No	TEAM - A	TEAM - B
1	Dr. A. Kalyani, Professor & HOD, Dept of Paediatrics.	Dr. D. Kishan, Professor, Dept of General Surgery.
2	Dr. R. Tirunadhar, Professor, Dept of General Medicine.	Dr. L. Ravikanth, Professor, Dept of ENT.
3	Dr. J. Shirisha, Associate Professor, Dept of Physiology.	Dr. D. Gayathry, Associate Professor, Dept. of Community Medicine.
4	Dr. M. Manohar, Associate Professor, Dept of General Surgery.	Dr. S. Shirish Kumar, Associate Professor, Dept. of Orthopedics.
5	Dr. S. Divya Goud, Associate Professor, Dept of Pathology.	Dr. Mohammad Abdulla Saad, Assistant Professor, Dept of Biochemistry.
6	Dr. G. Prashanth Reddy, Assistant Professor, Dept. of Community Medicine.	Dr. S. Rajkumar, Assistant Professor, Dept of Microbiology.
7	Dr. N. Bhavya, Assistant Professor, Dept of Pathology.	Sri. L. Raju, MSW, Gr-I.
8	Sri. E. Saraiah, Junior Assistant.	Smt. N. Pooja, Data Entry Operator.

For Queries and Information (Administrative Staff).

01. Sri. S. Augustine, Administrative Officer, GMC, Karimnagar. Mobile No: 9396940686.
02. Sri. M.A. Bari, Administrative Officer, GMC, Karimnagar. Mobile No: 9849619115.
03. Sri. L. Raju, MSW, Gr-I, GMC, Karimnagar. Mobile No: 9866625166.
04. Smt. R. Sharadha, Health Educator, GMC, Karimnagar. Mobile No: 9908612157.
05. Sri. T. Rama Rao, Pharmacist Gr-II. Mobile No: 9030212684.
06. Sri. Amaanullah Hasheme, Junior Assistant. Mobile No: 9491012129.

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

- Candidate who want to give willingness for upgradation for Round – II while retaining Round – I **“Have to Report Physically”** at the allotment 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 Counselling Committee authorized Centers.**

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	
		Yes	No
1	Provisional Allotment Order	Yes	No
2	NEET UG ADMIT Card -2024 (Mandatory)	Yes	No
3	NEET UG Rank Card - 2024 (Mandatory)	Yes	No
4	Birth Certificate (SSC Marks Memo or Its Equivalence) (Mandatory)	Yes	No
5	Qualifying Exam Certificate (Intermediate Marks Memo /Equivalent, (Mandatory). {Grade Certificate Not Accepted}	Yes	No
6	Study & Conduct Certificates VI to X (Mandatory)	Yes	No
7	Study & Conduct Certificates XI & XII (Intermediate) (Mandatory)	Yes	No
8	Latest Caste Certificate (Mandatory - if applicable) with father Name	Yes	No
9	Transfer Certificate (Mandatory)	Yes	No
10	Minority Certificate (Mandatory - if applicable)	Yes	No
11	EWS Certificate for the year 2024-25 - Claiming Reservation under EWS Categories issued by Competent Authority (Tahsildar) of State of Telangana (Mandatory - if applicable)	Yes	No
12	Latest Parental Income Certificate (If applicable)	Yes	No
13	Residence Certificate of the Candidate or either parent issued by MRO/ Tahsildar of Telangana for a period of Ten (10) years (Period to be specified with exact month and year) excluding the period of Study / employment outside the state (Mandatory - if applicable)	Yes	No
14	GAP Certificate Issued by Tahsildar / MRO (Mandatory - if applicable)	Yes	No
15	NCC Certificate (Mandatory - if applicable)	Yes	No
16	CAP Certificate (Mandatory - if applicable)	Yes	No
17	PMC Certificate (Mandatory - if applicable)	Yes	No
18	Anglo Indian Certificate (Mandatory - if applicable)	Yes	No
19	PWD certificate (Mandatory - if applicable) certificate issued this year (December 2023- January 2024) by the Medical Board of Medical Counselling committee authorized centres.	Yes	No
20	Employment Certificate of Parent (For Non - Local Status)	Yes	No
21	D.D in favour of " THE REGISTRAR, KNRUHS, WARANGAL ") Fee Rs.12,000/- (All India Quota) (Mandatory)	Yes	No
22	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) (Mandatory)	Yes	No
23	4 Passport Size Photos - Latest (Mandatory)	Yes	No
24	Aadhaar Card Xerox Copy (Mandatory)	Yes	No
25	Form I & II (Enclosed)	Yes	No
26	Specimen Signature of the Candidate (Mandatory)	Yes	No

27	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)	Yes	No
28	Bond of Rs.20,00,000/- (Rupees Twenty Lakhs) (Mandatory)	Yes	No
29	2 sets of self-attested xerox copies of all certificates and Bonds.	Yes	No
30	Processing Charges of Rs.2,000/- DEMAND DRAFT in favour of the PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, KARIMNAGAR payable at KARIMNAGAR * All DD (Demand Draft) must be drawn from a Nationalized Bank Only	Yes	No
31	Self-Attested copies of Aadhaar and pan card of sureties.	Yes	No

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

Signature of Verification Officer,

01.

02.

GOVERNMENT MEDICAL COLLEGE: KARIMNAGAR: NEET - 2024 MBBS BATCH 2024-25

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 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 :
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 / 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, Telangana, Warangal 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 and Signature Address

Witness – II
Name and Signature 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, Telangana, Warangal, 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 (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 and Signature Address

Witness – II

Name and Signature Address

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 2024-25**

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, Telangana, 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 PAYEEES/GAZETTED OFFICE 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.....
Designation & Place of Work.....
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 ofresident 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.....
Designation & Place of Work.....
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 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 2024-25 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.

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 **“PRINCIPAL GOVERNMENT MEDICAL COLLEGE, KARIMNAGAR”**,
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 **“PRINCIPAL GOVERNMENT MEDICAL COLLEGE, KARIMNAGAR”**,
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 **“The Registrar KNR University of Health Sciences, Warangal”**,
Payable at Warangal.

Processing Charges of Rs. 2000/- Demand Draft in favour of the Principal, Government Medical College, Karimnagar Payable at Karimnagar (Non - Refundable).

**** 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. Batch :
04. Date of Birth :
05. Blood Group :
06. Full Permanent Address
With Pin Code :

07. Mobile Number :

Affix Recent
Passport Size
Photograph

Kindly Issue Identity Card.

Signature of the Student.

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