



## **GOVERNMENT MEDICAL COLLEGE: SANGAREDDY: TELANGANA**

(Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal)

Recognized by UGMEB, NMC vide Lr.No. U-15029/09/07/2026-UGMEB(Renewal) e-8412813 Dt:30-06-2026

---

### **ADMISSIONS FOR MBBS COURSE 2026-27**

#### **UG Admission Committee :**

1. Dr. G. Prakash Rao, Principal
2. Dr. Syeda Sumaiya Fatima Vice-Principal
3. Dr. G. Sreenivas Vice-Principal
4. Dr. Ch. Anitha Prof.& HOD-Dept of Bio-Chemistry
5. Dr. Sumalatha Prof.& HOD-Dept of Anatomy
6. Dr. Radhika Prof.& HOD-Dept of Pharmacology
7. Dr. Ather Fatima Prof.& HOD-Dept of Pathology
8. Dr. D. Sudha Madhuri Prof.& HOD-Dept of Microbiology
9. Dr. Alekhya Associate Prof.& HOD-Dept of Physiology

#### **For queries and information :**

1. Dr. Dr. G. Sreenivas, Vice Principal (Admin) - 9848019856
2. Dr. Syeda Sumaiya Fatima, Vice Principal (Acad) - 9849172800

#### **Reporting Time : 09:00 A.M. to 04:00 P.M.**

#### **Guidelines:**

1. All the candidates who have been allotted MBBS seats during UG counseling in this College are hereby directed to submit the documents mentioned in the check list.
2. Candidates who are not willing for any further Sliding/ Upgradation, have to report physically at the allotted Institution to confirm their admission.
3. Community Certificate (if applicable) – Community Certificates issued through online mode by the Mandal Revenue Officer/Competent Authority of Govt. of Telangana will ONLY be considered for admissions. Note: BC Category – only BC-A / BC-B / BC-C / BC-D / BC-E certificate to be uploaded. OBC certificate will not be considered for State Quota. IMPORTANT NOTE: For Sub-Groups of Scheduled Castes, caste certificate specifically issued with Sub-Group i.e., SC Group-I / SC Group-II / SC Group-III will only be accepted. Under any circumstances, community certificate without mentioning SC Sub-Group will not be accepted.
4. For allotment under PWD quota (if applicable), documents are to be furnished as per the guidelines of NMC issued under Public Notice with File No. NMC/UGMEB/ PwBD/2025, Dated:19.07.2025. (Enclosed)
5. It is preferred to have a separate Contact Number and E-mail ID for the student.
6. It is mandatory to fill Anti Raging form Online on Website:(<http://antiragging.in>) and submit hard copy at the time of certificate verification.



(Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal)  
Recognized by UGMEB, NMC vide Lr.No. U-15029/09/07/2026-UGMEB(Renewal) e-8412813 Dt:30-06-2026

---

### **CHECK LIST**

01. NEET UG -2026 hall ticket.
02. NEET UG -2026 score card.
03. Final allotment order issued by MCC / KNRUHS.
04. SSC/CBSE/ICSE-X marks memo.(ICSE students need to submit pass certificate also)
05. Study certificates / bonafides from 9<sup>th</sup> to 10<sup>th</sup> standard.
06. Qualifying exam certificate (Intermediate marks memo or equivalent) - Grade certificate will not be accepted. ( ICSE students need to submit pass certificate and marks memo)
07. Study certificates / bonafides - intermediate or equivalent for 2 years.
08. **Transfer certificate** from the last studied Institution.
09. Latest **Category** certificate / caste certificate (if applicable) with father name.  
Community Certificate (if applicable) – Community Certificates issued through online mode by the Mandal Revenue Officer/Competent Authority of Govt. of Telangana will ONLY be considered for admissions. Note: BC Category – only BC-A / BC-B / BC-C / BC-D / BC-E certificate to be uploaded. OBC certificate will not be considered for State Quota. IMPORTANT NOTE: For Sub-Groups of Scheduled Castes, caste certificate specifically issued with Sub-Group i.e., SC Group-I / SC Group-II / SC Group-III will only be accepted. Under any circumstances, community certificate without mentioning SC Sub-Group will not be accepted.
10. **Equivalency** certificate only for AIQ students (to be obtained from Board Of Intermediate Education, Telangana).
11. **Migration** certificate only for AIQ students (period to be specified with exact month & year) excluding the period of study/employment out-side the state (if applicable).
12. **Gap** certificate (if applicable) certified by Tahsildar.
13. Undertaking bond (on Rs.20/- non-judicial stamp paper & notarized).
14. **Bond** for Rs. 20,00,000/- ( Twenty lakh rupees ) (on Rs.100/- non-judicial stamp paper & notarized).
15. **Aadhar** card xerox copy.
16. Minority certificate issued by Tahsildar /MRO/Minority Welfare Department (Muslims Only) ( If applicable)
17. Latest Parental **Income** Certificate (If applicable)
18. **Residence** certificate of the candidate or either parent issued by MRO/Tahsildar of Telangana for a period of (04) years.
19. Income and Asset Certificate for Economically Weaker Sections (**EWS**) valid for the year 2026-27 (Financial year 2025-26) issued by the Tahsildars on or after 01.04.2026 (Candidates who are not covered under SC, ST & BC) issued by the Competent Authority of Govt. of Telangana ONLY.
20. Persons with disabilities (**PWD**) candidate documents:

- A valid UDID card issued by a designated medical authority under ministry of social justice and empowerment.
  - Self- certified affidavits in the format provided under schedule-i of interim guidelines dated 19.07.2025. Issued by national medical commission. (guidelines enclosed)
  - The candidate will have to approach the designated medical board for verification of their self- certified affidavit.
21. National Cadet Corps (NCC) certificate (if applicable).
  22. Children of Armed Personnel (CAP) certificate (if applicable).
  23. Anglo-Indian certificate (if applicable).
  24. Police Martyrs Children (PMC) certificate (if applicable).
  25. Certificate of employment from the Competent Authority for the candidate's father/mother's service outside the State for the period corresponding to the candidate's year/s of study **outside Telangana** - As per **G.O.Ms.No. 150**, Health, Medical & Family Welfare (C1) Department, Dated: 08.09.2025. (If applicable)
  26. **Anti-Raging form** to be filled online on website: ([https://antiragging.in/affidavit\\_affiliated\\_form.php](https://antiragging.in/affidavit_affiliated_form.php)) and submit hard copy at the time of certificate verification.
  27. Undertaking/declaration against **Drug abuse** in the attached format.
  28. 03 sets of **xerox copies** of all the above certificates including bonds in the same order as per check list.
  29. Candidate's recent passport size **photographs-04**
  30. **Demand drafts-02** (for state quota: including hostel fees), demand drafts-03 (for AIQ students including hostel fees) drawn 'in favor of', as mention in the fee structure of this manual.

The pdf of all the above certificates is also to be submitted during the admission, and note that the above certificates will not be returned to the candidate unless he/she completes the course as per the norms of **KNRUHS, Warangal, Telangana State**.



## GOVERNMENT MEDICAL COLLEGE, SANGAREDDY

(Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal)

Recognized by UGMEB, NMC vide Lr.No. U-15029/09/07/2026-UGMEB(Renewal) e-8412813 Dt:30-06-2026

### **UG (MBBS) Fee Structure (2026-2027)**

| Sl. No.      | Description               | OC/BC           | SC/ST           |
|--------------|---------------------------|-----------------|-----------------|
| 01.          | Tuition Fee               | 10000-00        | 10000-00        |
| 02.          | CDS                       | 5000-00         | 5000-00         |
| 03.          | E-Library                 | 2000-00         | 2000-00         |
| 04.          | Central Stores            | 2000-00         | 2000-00         |
| 05.          | Library Fee               | 2000-00         | 2000-00         |
| 06.          | Caution Deposit           | 3000-00         | 3000-00         |
| 07.          | Academic Development Fund | 3000-00         | 1000-00         |
| 08.          | Non Government Fund       | 2000-00         | 2000-00         |
| <b>TOTAL</b> |                           | <b>29000-00</b> | <b>27000-00</b> |

● DEMAND DRAFT in favor of " **COLLEGE DEVELOPMENT SOCIETY, GMC, SANGAREDDY**" payable at SANGAREDDY

| Sl. No. | Description                                   | OC/BC           | SC/ST           |
|---------|-----------------------------------------------|-----------------|-----------------|
| 01.     | <b>University fee for AIQ admissions only</b> | <b>12000-00</b> | <b>12000-00</b> |

● DEMAND DRAFT in favor of " **KNR UNIVERSITY OF HEALTH SCIENCES, WARANGAL**" payable at WARANGAL.

Principal  
GMC-SRD



## GOVERNMENT MEDICAL COLLEGE, SANGAREDDY

(Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal)

Recognized by UGMEB, NMC vide Lr.No. U-15029/09/07/2026-UGMEB(Renewal) e-8412813 Dt:30-06-2026

### UG HOSTEL FEE STRUCTURE

| S.No  | Description                            | Amount in Rs. | Frequency | Total in Rs.         |
|-------|----------------------------------------|---------------|-----------|----------------------|
| 1.    | Non-Refundable caution deposit         | 5000.00       | Once      | 5000.00              |
| 2.    | Caution deposit ( Refundable )         | 5000.00       | Once      | 5000.00              |
| 3.    | Rent ( Rs.1000 per month * 12 months ) | 12000.00      | Annually  | 12000.00<br>per year |
| 4.    | Hostel Admission fee                   | 1000.00       | Once      | 1000.00              |
| TOTAL |                                        |               |           | 23000.00             |

- For Girls hostel : DEMAND DRAFT in favor of " **LADIES HOSTEL – GOVERNMENT MEDICAL COLLEGE SANGAREDDY**" payable at SANGAREDDY
- For Boys hostel : DEMAND DRAFT in favor of " **BOYS HOSTEL – GOVERNMENT MEDICAL COLLEGE, SANGAREDDY**" payable at SANGAREDDY

Principal  
GMC-SRD

**PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT**  
**(ON NON- JUDICIAL STAMP PAPERS OF RS.20/-)**

**UNDERTAKING**

I, .....

(Candidate name) S/o / D/o..... , bearing  
UG

NEET 2026 Rank No .....,

And

I, .....

(Parent name ) F/o, M/o .....,  
bearing

UG NEET 2026 Rank No ..... here by give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into UG Medical Courses for the Academic Year 2026-27 in Colleges 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:

## **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 ADMISSION FOR THE ACADEMIC YEAR 2026-27

I, \_\_\_\_\_ **(Name of the candidate)** S/o, /D/o \_\_\_\_\_  
**(Name of the Parent)** selected for MBBS Course do hereby under take to complete the course as per the requirement of KNR University of Health Sciences, Warangal, Telangana. In the event of my discontinuing the studies after joining the course or after the date of announcement of second phase of admissions, I under take to pay KNR University of Health Sciences a sum of Rs.20,00,000/- (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.20,00,000/- (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 hereby under take to pay KNR University of Health Sciences, a sum of Rs.20,00,000/- (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**

### **Witnesses:**

1. Name and signature -
  
2. Name and signature -

## ANNEXURE I (CASTE CERTIFICATE)

Serial No.

S.C.

District Code:

S.T.

Mandal Code:

B.C.

Village Code:

Certificate No.

### COMMUNITY, NATIVITY AND DATE OF BIRTH CERTIFICATE

- 1) This is to certify that Sri/Smt/Kum \_\_\_\_\_ Son/daughter of Sri \_\_\_\_\_ of \_\_\_\_\_ Village/Town \_\_\_\_\_ Mandal \_\_\_\_\_ District of the State of Telangana belongs to Community which is recognized as Scheduled Caste/Scheduled Tribe/Backward Class under : The Constitution (Scheduled Castes) order 1950/ The Constitution (Scheduled Tribes) order 1950, G.O.Ms.No.1793, Education, dated 25-9-1970 as amended from time to time (BCs) S.Cs., S.Ts.list (Modification) Order 1956, S.Cs. and S.Ts (Amendment) Act, 1976 and relevant orders of Government of Telangana:
- 2) It is certified that Sri/Smt/Kum \_\_\_\_\_ is a native of \_\_\_\_\_ Village /Town \_\_\_\_\_ Mandal District of Telangana.
- 3) It is certified the place of birth of Sri/Smt/Kum \_\_\_\_\_ is \_\_\_\_\_ Village /Town \_\_\_\_\_ Mandal District of Telangana.
- 4) It is certified that the date of birth of Sri/Smt/Kum is Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ (in words) as per the declaration given by his / her father/mother /guardian and as entered in the school records where he/she studied.

(Seal)

**Signature:**

**Date:**

**Name in Capital Letters:**

**Designation:**

#### **Explanatory Note:**

While mentioning the Community, the Competent Authority must mention sub-caste in case of Scheduled Castes and sub-tribe or sub-group (in case of Scheduled Tribes) as listed out in the S.Cs., and S.Ts., (Amendment) act, 1976.

**NOTE:** Certifying Officer should follow the orders issued in G.O.Ms.No.58, Social Welfare (J) Dept., dt.12-5-97.



## ANNEXURE II (RESIDENCE CERTIFICATE)

1. It is hereby certified:

- a. That Mr. /Kum \_\_\_\_\_ son / daughter / of Sri./Smt. \_\_\_\_\_, candidate for admission to the course appeared for the first time for the \_\_\_\_\_ examination (being the minimum qualifying examination for admission to the course mentioned above) in \_\_\_\_\_ (month) \_\_\_\_\_ (year) from educational institution in Telangana State.
- b. Candidate has resided in Telangana State for a total period of four years period immediately preceding the date of commencement of qualifying examination.

| S.No | Period | Village | Mandal | District |
|------|--------|---------|--------|----------|
|      |        |         |        |          |
|      |        |         |        |          |
|      |        |         |        |          |
|      |        |         |        |          |

2. The above candidate is, therefore, eligible for consideration as local candidate as per GO.Ms.No. 33, HEALTH, MEDICAL & FAMILY WELFARE (C1) DEPARTMENT, Dated: 19-07-2024.

**Officer of the Revenue Department**  
(Issued by the Competent Authority of Revenue Dept.)

**Date:**

**(OFFICE SEAL)**

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

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:

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

Place:

Date:

To,  
The Principal,  
Government Medical College,  
Sangareddy.

Date :

From,

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

Respected Sir,

I, \_\_\_\_\_, S/o/D/o \_\_\_\_\_ bearing  
NEET rank \_\_\_\_\_ and NEET hall ticket no. \_\_\_\_\_ is  
provisionally selected for MBBS course for the academic year 2026-27 and allotted to Government  
Medical College, Sangareddy.

I hereby request you to admit me at Government Medical College, Sangareddy as  
on \_\_\_\_\_.

Thanking you,

Yours faithfully,

Name and signature of the  
Candidate.

**GOVERNMENT MEDICAL COLLEGE : SANGAREDDY : TELANGANA : NEET-2026 MBBS BATCH**  
**Should be filled by the candidate own hand writing and in BLOCK LETTERS**

|                                                            |  |
|------------------------------------------------------------|--|
| Full name of the Candidate as per Intermediate certificate |  |
| Age & Date of birth as per tenth certificate               |  |
| Sex                                                        |  |
| Father's name                                              |  |
| Occupation                                                 |  |
| Mother's name                                              |  |
| Occupation                                                 |  |
| Temporary address                                          |  |
| Permanent postal address                                   |  |
| Candidate's mobile number                                  |  |
| Candidate's email id                                       |  |
| Father's mobile number                                     |  |
| Father's email id                                          |  |
| Mother's mobile number                                     |  |
| Mother's email id                                          |  |
| Guardian's name                                            |  |
| Guardian's mobile number                                   |  |
| Guardian's email id                                        |  |

Signature of the Candidate