



GOVERNMENT MEDICAL COLLEGE: SANGAREDDY: TELANGANA

(Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal)
Recognized by NMC vide Lr.No.RENEWAL/ UGMEB/ 2023-24/263/021631, dated. 07.06.2024

ADMISSIONS FOR MBBS COURSE 2024-25

UG Admission Committee :

1. Dr. D. Sudha Madhuri, (I/c) Principal **Cell No. 94401-05871**
2. Dr. G. Anil Kumar, (I/c) Medical Superintendent. **Cell No.98495-71346**
3. Dr. B. Srinivas Naik, Vice Principal (Admin). **Cell No. 98499-57089**
4. Dr. B. Prabhudheer, Prof. & HOD, Orthopedics. **Cell No. 92465-05333**
5. Dr. P. Deepak, Prof. of General Medicine. **Cell No. 98495-50805**
6. Dr. P. Vanisree, Prof. & HOD, Forensic Medicine & Toxicology. **Cell No.94401-60801**
7. Dr. P. Prathima, Prof. & HOD, Pathology. **Cell No.85559-72001**
8. Dr. G. Sudha Rani, Prof. & HOD, Community Medicine. **Cell No.73863-63134**

For queries and information :

Contact Cell.No: **7382944897** (In Between 9.00 am to 4.00 pm)

1. Dr. D. Sudha Madhuri, Principal (I/C). **Cell No. 94401-05871**
2. Dr. B. Srinivas Naik, Vice Principal. **Cell No. 98499-57089**

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

Guidelines :

1. Candidates who want up gradation for Round – 2 while retaining their seat from Round – 1, have to report physically at the allotted institute to confirm their admission.
2. For allotment under OBC quota, OBC certificate issued by concerned state government only is valid.
3. For allotment under PWD quota, certificate issued by the Medical Board of Medical Counseling Committee authorized centers (2024) is only valid.
4. All the candidates who have been allotted MBBS seats in UG counseling, in this College are hereby directed to submit the documents mentioned in the check list.



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Check List

01. NEET UG Hall Ticket.
02. NEET UG Rank Card.
03. Final Allotment Order issued by MCC / KNRUHS.
04. SSC / Xth Marks Memo.
05. Study Certificates / Bonafides from 6th to 10th Standard.
06. Qualifying Exam certificate (Intermediate marks memo or Equivalent) - Grade Certificate will not be accepted. (Check carefully for ICSE students)
07. Study Certificates / Bonafides - Intermediate or equivalent for 2 Years.
08. Transfer Certificate.
09. Latest Category Certificate / Caste certificate (If applicable) with father name.
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 certified by **Tahsildar**.
13. Undertaking **(On Rs.100/- Non-Judicial Stamp Paper & Notarized)**. (Check for signatures)
14. Bond for Rs. 20,00,000/- (Twenty Lakh rupees) **(On Rs.100/- Non-Judicial Stamp Paper & Notarized)**. (Check for signatures)
15. Adhar card xerox copy.
16. Minority certificate - Muslim 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 ten years.
19. EWS certificate issued by Tahsildar, from respective state government for the academic year 2023-24 only is valid (If applicable)
20. **Anti Ragging form fill in Online on Website (<https://antiragging.in>) and submit copy at the time of admission.**
21. All the above certificates **(03 Sets Xerox)**
22. Candidate's recent passport size photographs-04
23. Demand drafts-02 **(FOR STATE QUOTA including hostel)**, Demand drafts-03 **(FOR AIQ STUDENTS including hostel)**.

The above certificates will not be returned to the candidate unless he/she completes the course as norms of KNRUHS, Warrangal, Telangana State.



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UG (MBBS) Fee Structure (2024-2025)

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
TOTAL		29000-00	27000-00

DEMAND DRAFT in favor of "COLLEGE DEVELOPMENT SOCIETY, GMC, SANGAREDDY" payable at SANGAREDDY (ANY NATIONALIZED BANK)

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

DEMAND DRAFT in favor of "KNR UNIVERSITY OF HEALTH SCIENCES, WARANGAL" payable at WARANGAL. (ANY NATIONALIZED BANK)

NOTE: *Discontinuation BOND AMOUNT Rs. 20,00,000/- (Rupees Twenty Lakhs only)*

Principal
Government Medical College
Sangareddy



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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	Once	12000.00 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.
(ANY NATIONALIZED BANK)

For Boys hostel: DEMAND DRAFT in favor of "**BOYS HOSTEL GOVERNMENT MEDICAL COLLEGE, SANGAREDDY**" payable at SANGAREDDY.
(ANY NATIONALIZED BANK)

Principal
Government Medical College
Sangareddy

**TO BE TYPED ON A NON-JUDICIAL STAMP PAPER OF RS. 100/- (RUPEES
ONE HUNDRED ONLY), DULY ATTESTED BY NOTARY PUBLIC
SURETY BOND FOR MBBS/BDS COURSES**

UNDERTAKING

I, _____ D/o, S/o _____ bearing UG NEET
Rank No. _____.

and

I, _____ F/o, M/o _____ hereby give an undertaking as below in
connection with our claim with regards to certificates submitted for admission into UG Medical and
Dental Courses for the academic year 2024-2025 in Government Medical College, Sangareddy affiliated
to KNR University of Health Sciences. We hereby declare that all our certificates are genuine.

I am aware that the submitted relevant certificates is/are found to be not genuine at a later date,
my admission is liable to be cancelled and I am liable for criminal prosecutions, 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
cancelled for the above reasons.

Signature of the Parent/Guardian

Signature of the Candidate

Name & Address:

Name & 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 ADMISSION FOR THE ACADEMIC YEAR 2024-25

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 -

Form – I (TO BE FILLED IN BLOCK LETTERS)

[See sub-clause (a) of clause(i) and sub-clause(A) of clause (ii) of sub regulation (2) of regulation 7]

FORMAT OF UNDER TAKING BY THE STUDENT

1. I _____ Son/Daughter of Mr./Mrs./Ms _____
_____ admitted to the course of MBBS at Government Medical College,
Sangareddy 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).
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 may be taken against me in case I am found guilty of ragging or a 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 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.
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, 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, my admissions is liable to be cancelled/ 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

Form – II (TO BE FILLED IN BLOCK LETTERS)

[See sub-clause (b) of clause(i) and sub-clause(B) of clause (ii) of sub regulation (2) of regulation 7]

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

1. I _____ Father/Mother/Guardian of
Mr./Mrs./Ms _____ admitted to the course of MBBS at
Government Medical College, Sangareddy 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(Herein 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 may be taken against my son / daughter / ward in
case he / she is found guilty of ragging or a abetting ragging actively or passively or being
part of conspiracy to promote ragging.
5. 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 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 in force.
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

To,
The Principal,
Government Medical College,
Sangareddy.

Date :

From,

_____,'

_____,'

_____.'

Respected Madam,

I, _____, s/o, d/o _____ bearing
Rank number _____ and NEET hall ticket no. _____ is
provisionally selected for MBBS course for the academic year 2024-25 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-2024 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