# GOVERNMENT MEDICAL COLLEGE: SANGAREDDY: TELANGANA

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

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## ADMISSIONS FOR MD/MS, COURSES 2026-2027

## *PG Admission Committee :*

1. Dr.G. Prakash Rao, Principal
2. Dr.Syeda Sumaiya Fatima, Vice-Principal (Acad.)
3. Dr.G. Sreenivas Vice-Principal (Admin)
4. Dr.Shabbir Ahmed-Prof. & HoD (Paediatrics)
5. Dr.Sri Lakshmi, Prof. & HoD Dept. of Psychiatry / Dr. Sumalatha Prof.& HOD-Dept of Anatomy
6. Ms.V.Mamatha, Administrative Officer (Acad.)
7. Mr.E.Naresh, Office Superintendent (Acad.)

## *For Queries:*

1. Dr. Syeda Sumaiya Fatima, Vice-Principal (Acad.)
2. Ms. V.Mamatha, Administrative Officer (Acad.)- 7382944897

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

a) Candidates who want to give willingness for upgradation for Round-2 while retaining Round -1 seat, **"HAVE TO REPORT PHYSICALLY"** at the allotted institute to confirm their admission.

b) 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.

c) 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)

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(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

1. Provisional allotment order
2. Admit card/Hall Ticket
3. Rank Card
4. SSC Certificate
5. 12th Class (Intermediate) marks memo
6. Bonafide/Study and conduct certificate 1st to MBBS
7. Memorandum of marks in MBBS
8. MBBS Degree Certificate
9. Compulsory Rotatory Internship Certificate
10. Transfer Certificate
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. MBBS Permanent Registration Certificate
13. Latest Category certificate / caste certificate (if applicable) with father name.
14. 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.
15. Service Certificate
16. EWS Certificate/OBC Certificate issued by respective state government will be accepted and not BC Certificate.
    a.For AIQ–OBC Certificate
    b.For CQ–BC Certificate
17. Physically Handicapped Certificate **(Issuedby Authorized Centers Only)**
18. ID Proof –Aadhaar Card/PAN Card /Passport
19. Candidate's recent passport size photographs-04
20. Submission of two (2) Bonds with sureties

    a) Bond for Rs. 50,00,000/- (Fifty lakh rupees ) (on Rs.100/- non-judicial stamp paper & notarized) towards the discontinuation of the course. (Annexure –I)

    b) A bond of Rs. 20,00,000 (Annexure –II) for Degree in case of failure to serve the Government as Senior Resident for the period of 1 year after completion of the course

21. Undertaking bond (on Rs.20/- non-judicial stamp paper & notarized).
22. Two Copies of All the above documents and bonds.
23. All Candidates are required to submit TSMC registration within one month after taking admission.

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24. **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.

25. The mode of payment for the candidates who are willing to participate in the subsequent rounds of counselling is Demand Draft for both University and college fee, to avoid delay in refund process.

26. College fee Rs. 25,000/- (Rupees Twenty-Five Thousand) (in favour of "**College Development Society, Government Medical College, Sangareddy**") (Yearly), payable at Hyderabad.

27. University fee of Rs.29,600 (Rupees Twenty-Nine Thousand Six Hundred Only) (DD in favour of "**THE REGISTRAR, KNRUHS, WARANGAL")** (One –Time Payment), payable at Warangal.

28. Equivalency feeRs.8000/- (Rupees Eight Thousand only) (DD in favour of **"THE REGISTRAR, KNRUHS, WARANGAL")** (If the candidate has completed MBBS in colleges other than Telangana (One- Time Payment)

29. Equivalency fee Rs. 10000/- (Rupees Ten Thousand only)(DD infavour of **"THE REGISTRAR, KNRUHS, WARANGAL")** (If the candidate has completed MBBS in colleges other Country) (One- Time Payment)

30. Processing Charges Rs. 2000/- (Rupees Two Thousand Only) in case of candidates sliding to other college, in subsequent rounds, uniform processing charges to be deducted and the remaining amount is to be refunded to the candidate.

31. Preferred mode of payment for the candidates who are willing to participate in the subsequent rounds of counselling is **Demand Draft** for both University and college fee, to avoid delay in refund process.

**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**.

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**Note:-**

1. All the certificates MUST be submitted ORIGINAL at the time of physical verification.
2. In case of candidates sliding to other colleges in subsequent rounds, uniform processing charges of Rs. 2000/- (Rupees Two Thousand) only will be deducted and the remaining amount will be refunded to the candidate.
3. All admissions made online will be deemed **"PROVISIONAL"** and will be considered "**FINAL**" only on verification of original documents at the time of Physical joining and medical fitness at the college.

**AFTER PHYSICAL VERIFICATION OF ALL THE ORIGINAL DOCUMENTS ONLY, THE ADMISSION ORDER WILL BE ISSUED.**

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# GOVERNMENT MEDICAL COLLEGE, SANGAREDDY

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

## PG (MBBS) Fee Structure (2026-2027)

| S. No | PARTICULARS | AMOUNT | FREQUENCY | |
|---|---|---|---|---|
| 1 | **University Fee**<br>(in favour of "THE REGISTRAR, KNRUHS,WARANGAL) | Rs.29,600/- | One Time | (Only for AIQ Candidates to be paid at the time of admission) |
| 2 | **College Fee (To CDS Account)**<br>A. CDSFee:Rs.15,000/-<br>B. Academic Fee: Rs. 7,000/-<br>C. LibraryFee:Rs.3,000/- | Rs.25,000/- | Yearly | AIQ & State Candidates |

****College Fee: DEMAND DRAFT in favor of " *COLLEGE DEVELOPMENT SOCIETY, GMC, SANGAREDDY"* payable at SANGAREDDY.**

**** University fee for AIQ admissions only: DEMAND DRAFT in favor of " THE REGISTRAR *KNR UNIVERSITY OF HEALTH SCIENCES, WARANGAL"* payable at WARANGAL.**

**Note :** The following payments to the University in Demand Draft (DD)form, (in favour of **"THE REGISTRAR, KNRUHS, WARANGAL"**) if applicable, at the time of admission.

1. AIQ Candidates to Pay University Fee of **Rs. 29,600/-**.
2. Additional onetime payment of **Rs. 8000/-**Equivalency Fee for Candidates who completed MBBS from colleges other than Telangana & Andhra Pradesh states.
3. Additional one time payment of **Rs. 10000/-**Equivalency Fee for Candidates who completed MBBS from other Countries.

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## ANNEXURE-I

**(Non-Judicial Stamp paper for Rs.100/-)**

**(FOR ALL CANDIDATES)**

I, Dr. _____selected for Post Graduate Degree _____ for the year 2026-27 do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to the KNR University of Health Sciences a sum of **Rs. 50,00,000/- (Rupees Fifty Lakhs Only)** and refund the amount received as stipend/salary up to that date to Government.

**Witness:** **Signature of the Candidate**

1. Signature:
Name and address in full

Name and address in full

2. Signature:
address in full

2.Signature of parent: Name and
Name and address in full

**N.B.: 1.The Bond formats shall be typed on the Non Judicial**
**2. Sureties by Income Tax Payees/Gazzetted Officers only. (Other Than Parents)**
(Self attested Copies of PAN & Aadhar of the Sureties)

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## (TO BE FILLED BY TWO SURITIES)

(1.) 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 of Government Medical College, Sangareddy to a sum of **Rs. 50,00,000/- (Rupees Fifty 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. 50,00,000/-(Rupees Fifty Lakhs Only)**, I, the said surety, shall, without any objection, pay the said due amount to the Government Medical College, Sangareddy 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.:.....

(2.) 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 of Government Medical College, Sangareddy to a sum of **Rs.50,00,000/- (Rupees Fifty 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.50,00,000/- (Rupees Fifty Lakhs only)**, I, the said surety, shall, without any objection, pay the said due amount to the Government Medical College, Sangareddy 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.:.....

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SANGAREDDY

## ANNEXURE-II

**(Non- Judicial Stamp paper for Rs.100/-)**

**(FOR ALL CANDIDATES)**

I, Dr. _____ selected for Post Graduate Degree /Diploma for the year2026-27 do hereby undertake to serve the Government of Telangana by working in Government Hospitals, as a **Senior Resident for a period of one year** after successful completion of the PG Degree/ Diploma course (if required). In case I fail to join as senior Resident or in case of not completing one year of service with in a maximum period of18 month, I under take to pay sum of **Rs. 20,00,000(Rupees Twenty Lakhs Only)** for PG Degree course to the Government.

**Date:**

| **Signature of the Parent/ Guardian** | **Signature of the Candidate** |
|---|---|
| | **Aadhar No:** |
| **Name :** | **Name :** |
| **Aadhar No :** | **Address:** |

**N.B.: 1. The Bond format shall be typed on the Non Judicial**

**2. Sureties by Income Tax Payees/Gazzetted Officers only. (Other Than Parents)**

(Self attested Copies of PAN & Aadhar of the Sureties)

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## (TO BE FILLED BY TWO SURITIES)

(1.) In consideration of the Surety Bond executed by the student (Mr./Ms. _____ Son of/ daughter of _____resident of_____in favor of Director of Medical Education. Telangana State and the Principal of Government Medical College, Sangareddy 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 Government Medical College, Sangareddy 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.:.....

(2.) In consideration of the Surety Bond executed by the student (Mr./Ms. _____ Son of/ daughter of _____resident of____in favor of Director of Medical Education. Telangana State and the Principal of Government Medical College, Sangareddy to a sumofRs.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 Government Medical College, Sangareddy 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.:.....

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# PROFORMA FOR UNDERTAKING

I, (Candidate name)S/o/ D/o..... ,bearing PGNEET 2026- 27 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 regard to certificates submitted for admission into UG Medical Course 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 maybe 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 these at allotted to me is cancelled, for the above reasons.

**Signature of the Parent/Guardian** **Signature of the Candidate**

Aadhar No.

Address :

Date:

Place:

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# STUDENTS PLEASE NOTE:

On DD back side to mention the following;

1. Name :
2. Allotted Course :
3. Rank :
4. Batch : 2026-27
5. Phone Number :

1. All Original 2 set of Xerox.
2. All 3 Bonds and their **Sureties** PAN and Aadhar Xerox must be enclosed and **Witness** Aadhar Xerox must be enclosed.
3. Round 1,2 & 3 student are willing for upgradation have to submit on their Provisional Allotment Order issued by the AIQ/CQ duly signed by the candidate

**Note:**

Students are requested to fill by the below form in soft copy and send to this mail ID academicgmc123@gmail.com along with the above documents in PDF format as per the allotment order issued by the AIQ/CQ.

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| | | |
|---|---|---|
| KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506007 | GOVERNMENT MEDICAL OLLEGE, SECUNDERBAD | Scanned latest Colour Photo of the Candidate |

**DETAILS OF THE CANDIDATE ADMITTED INTO PG (MD/MS & DIPLOMA) COURSE FOR THE**

**ACADEMIC YEAR 2026-27**

| | | | |
|---|---|---|---|
| **S.No.:** | **NEET Rank :** | **NEET Roll NO :** | **KNRUHS Merit :** |
| **Student Name (Block Letters, AS PER MBBS CERTIFICATE) :** | | | |
| **Father's Name: (** As per the 10th /12th Certificate) | | | **Gender:** |
| **Address: Full Address with Land mark and pin code** | | | |

| | |
|---|---|
| **Category/Caste:** | **Local/Non-Local:** |
| | **DOB (DD/MM/YYYY):** |
| **AWARD(DEGREE/DIPLOMA):** | **SERVICE/NON-SERVICE:** |
| **Qualifying Examination Board: NEET** | **Allotted Quota (AIQ, CQ, MQ) :** |
| **Allotted course:** | **Allotted region:** |
| **Allotted Details as per KNRUHS Allotment Letter:(Please Refer to the Allotment letter issued by KNRUHS)** **Ex:** LOC-ST-GEN – P1/P2/P3/Mopup for State Quota, For All India Quota just fill **"AIQ"** | |
| **Site/College Code:** 002 | |
| **College name as per letter head: GOVERNMENT MEDICAL COLLEGE SANGAREDDY** | |
| **Name of the Institution last studied: (** As per MBBS Degree/Bonafide Certificate ) | |
| **Date Of Completion Of Internship:** | |
| **Mobile Number (10 Digits Only):** | |
| **Email ID:** | |
| **Aadhaar Number:** | |
| **Total Marks Obtained in Eligibility Exam:** | **Maximum Marks in Eligibility Exam:** |
| **Identification Marks ( As per SSC/Birth Certificate)** | **1)** |
| | **2)** |
| **Signature of the Candidate** | **Signature of the Principal along with the Official Seal** |

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# Form–I

## FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____Son/Daughter of Mr./Mrs./Ms. _____ admitted to the course of _____) at Government Medical College, Sangareddy with Neet PG Rank _____ affiliated to Kaloji Narayana Rao University of Health Sciences, have received a copy of the National Medical Commission (PreventionandProhibitionofRagginginMedicalCollegesandInstitutions)regulations 2022 (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 of the said regulations and have fully understood what constitutes–ragging.

4. I have also in particular perused and read and understood the administrative and penal actions that maybe taken against me incase I am found guilty of ragging or a abetting ragging actively or passively or being part of conspiracy to promote ragging.

5. I hereby under take that
   (i). I will not indulge in any behavior or act that may come under the definitions of ragging as maybe constituted under 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 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 haven ever been punishedinanymannerfortheseoffencesandfurtheraffirmthatifthesedeclarationis 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

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**GOVERNMENT MEDICAL COLLEGE: SANGAREDDY: NEET PG–2026- 27**
**PERSONAL DATA SHEET OF CANDIDATES ADMITTED**

**COURSE -**

**CATEGORY**

**–AIQ/CQ**

1. **Full Name of the Candidate** : _
(In block letters

2. Age and Date of : _
Birth (As per SSC
certificate)

3. Sex : _

4. Category /Caste/Sub caste : _

5.Name of Father & Occupation : _

6.Name of the Mother & Occupation : _

7. Permanent Address of the Parents : _
(Mobile)

8. Permanent /Temporary Address of the: _

Candidate Mobile:

Email ID:

9. Name of the college where the candidate
where last studied UG : _

10. Number of attempts of NEET PG : _

11.Any significant medical history : _
(epilepsy / Heart disease / Any condition under
treatment)

12.Contact Details of Parents /Guardian

13. Marital Status–Unmarried/Married/Divorced/Separated

14. Name of the Spouse and Contact Number :

15. Hobbies/Special talents:

16. Aadhaar and PAN card details :

17. MEDICAL REGISTRATION NUMBER

**Signature**

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# GOVERNMENT OF TELANGANA
# REQUISITION FOR IDENTITY CARD
# GMC- SANGAREDDY -2026-27

To be filled BLOCK LETTERS Name

of the Student : Department/Course :

Batch :

Date of Birth :

Blood Group :

Signature of Student

Affix Passport Size Photo

Father Name :

Full Permanent Address :
With Pincode

Mobile No. :

Kindly Issue Identity card.

ADMN. OFFICER (ACAD.)
GOVERNMENTMEDICALCOL
LEGE, SANGAREDDY

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32. Payment Details (Amount Rs. 29,600/-)

a) University Fee (for AIQ only) DD in favour of The Registrar, KNRUHS, Warangal. DD No. _____date:_____

Bank _____Branch _____

b) College Fee mode of payment online/DD **(Rs. 25,000/-)** Yearly Details:

Transaction ID/DD No. _____date: _____ Bank _Branch _____

Gpay/Phone Pay/Paytm/BHIM/Others (Specify) _____

c) Equivalency fee if applicable (DD in favour of "THE REGISTRAR, KNRUHS, WARANGAL")

DD. No. _____ date: _____ Bank _Branch _____

d) ProcessingChargesRs.2000/- (Rupees Two Thousand Only) if applicable

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

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