

**::GOVERNMENTMEDICALCOLLEGE::OUTHULLAPUR::**

**::TELANGANA::ADMISSION FOR MBBS COURSE 2024-25**

**UGAdmissionCommittee:**

1. DrV Murali Krishna,Principal
2. Dr CNarender Kumar,ProfHOD, Hospital Adm.VicePrincipal(Admin-1)
3. Dr. Mirza M M Baig, ProfHOD, Ophthalmology,VicePrincipal(Admin-1I)
4. Dr T Navakalyani,ProfHOD,Anatomy, VicePrincipal(Academic-I)
5. DrS Pavani,ProfHOD. Microbiology , VicePrincipal(Academic-II)
6. DrP Naga Kalyani,ProfHOD,Pathology,
7. Dr M Swetha,Asso.ProfHOD,Physiology
8. Dr R Hema Malini,Asso. Prof HOD,Biochemistry
9. DrM Vijay Kumar,Asso.ProfHOD ,CommunityMedicine
10. Dr K Rajashekar,Asso.Professor, Anatomy
11. DrBhavika D,Asso.Professor,Pharmacology
12. Dr G Mahender,Asso.Professor, Forensic Medicine
13. Dr K Mamata,AssistantProfessor,Microbiology

**ForQueries and Information:**

Contact:Dr CNarender Kumar,VicePrincipal(Admin-1), 9381741612  
DrM Vijay Kumar,Asso.ProfHOD ,CommunityMedicine, 9032510570  
Dr K Rajashekar,Asso.Professor, Anatomy, 9849953620

**ReportingTimefrom10.00A.Mto4.00P.M**

**VENUE: GOVT. GENERAL HOSPITAL MALKAJGIRI**

**Besides GHMC- Office Malkajgiri**

- CandidateswhowanttogivewillingnessforupgradationforRound-2,whileretainingRound-1seat,“HAVETOREPORTPHYSICALLY”attheallottedinstitutetoconfirmtheiradmission.
- ForalotmentunderOBCQuota,OBCCertificateissuedbytheconcernedstategovernmentonlyisvalid
- ForalotmentunderPWDquota,certificateissuedthisyearbythemedicalboardofmedicalcounsellingcommitteeauthorisedcentresonly

**All the candidates who have been allotted MBBS seats in UG counselling, in this institute are hereby directed to submit the following documents:**

**Required documents for MBBS Admissions 2024-25**

1. Application (Joining Report)
2. Provisional Allotment order
3. NEET Hall Ticket
4. NEET Rank Card
5. SSC Pass Certificate (Date of Birth reference) or its equivalence
6. 12<sup>th</sup>/Intermediate or equivalence certificate
7. Bonafide / Study and Conduct Certificate (1<sup>st</sup> to Inter )
8. Intermediate Marks Memo
9. Transfer Certificate
10. Migration Certificate (if applicable )
11. Equivalence Certificate (if studies in other state)
12. Social Status Certificate
13. EWS Certificate for the year 2024-25 issued by Tahsildar of State of Telangana (if applicable)
14. Minority Certificate (if applicable)
15. Latest Parental income certificate (is applicable)
16. PWD Certificate (if applicable) **certificate issued this year by the Medical Board of Medical Counselling committee authorised centres**
17. D. Din Favourof "The Registrar, KNR University of Health Sciences, Warangal" PAYABLE AT WARANGAL "Fee Rs 12000/- (All India quota students only )
18. College Fee DDs In Favour of " GOVERNMENT MEDICAL COLLEGE QUTHBULLAPUR CDS A/C " Amount of Rs 5000 /- and In Favour of " GOVERNMENT MEDICAL COLLEGE QUTHBULLAPUR ADF A/C " Amount of Rs 24000/- (OC, BC) and Rs 22,000/- (SC, ST)
19. 4 Passport size photos
20. Aadhaar Card Xerox Copy
21. GAP Certificate (if applicable )
22. Discontinuation Bond Paper Rs. 100 (for Rs. 20 Lakhs)
23. On non Judicial stamp paper of Rs. 100 (Genuity of certificate).
24. On non Judicial stamp paper of Rs. 100 (Antiragging affidavit by the Student)
25. On non Judicial stamp paper of Rs. 100 (Antiragging affidavit by the Parent)
26. Processing Charges Rs 2000/- 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
27. 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

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

**NOTE: 2 SETS OF COPIES OF ALL CERTIFICATES AND BONDS SHOULD BE SUBMITTED**

**GOVERNMENT MEDICAL COLLEGE OUTH BULLAPUR, NEET 2024, MBBS BATCH 2024 PER**

**SONAL DATA SHEET OF CANDIDATES**

1. Full Name of the Candidate  
:(In Block Letters as per Intermediate Certificate)
2. Date of Birth and Age (As per SSC). :
3. Gender :
4. Name of Father :
5. Name of Mother :
6. Temporary Address :
  
7. Permanent Address :
  
8. Parents Phone No :  
E mail ID
  
9. Contact Details of Guardian/Mobile :
  
10. Name of the College where the Candidate  
: Last Studied (Inter/10+2)
11. Local Status :
12. Any Significant Medical History/Allergies.  
:(Any Medical Condition under Treatment  
Submit medical records at time of  
joining the College for precautionary measures)
13. Hobbies/Special Talents :
14. Email :

Signature of Parents/Guardian

NOTARY(O NON-JUDICIAL STAMP PAPER OF RS.100/-)

ANNEXURE

IAFFIDAVIT BY THE STUDENT

I.....Registration No.....S/o,D/o....., having been admitted to **Government Medical College, QUTHBULLAPUR** have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009. (Hereinafter called the "Regulations") carefully read and fully understood the provisions constrained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what fully constitutes ragging.

3) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly ever and undertake that

a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable to punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further that I affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this day of month of year.

Signature of the Student

Witness I

Name:

Name and Signature

Address:

Address

Telephone/Mobile No.

Witness II

Name and

Signature Address

NOTARY(ONNON-JUDICIALSTAMPPAPEROFRS.100/-)

ANNEXURE-II

AFFIDAVITBYPARENT/GUARDIAN

- 1) Mr./Mrs./Ms ..... (fullnameof parent/guardian)father /mother /guardian of..... (fullname ofstudentwithadmission/registration/enrolmentnumber)havingbeen. admittedto**GovernmentMedicalCollege, QUTHBULLAPUR**,havereceiveda copyofthe UGCRegulationsonCurbingthe Menace of Ragging in Higher Educational Institutions 2009. (Here in after called the “Regulations”) carefully readandfully.understood theprovisions constrainedin thesaid Regulations.
- 2) Ihave,inparticular,perusedclause 3oftheRegulationsandamawareastowhatfully.constitutesragging.
- 3) I have also, In particular, Perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal andadministrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively orpassively,orbeing partofaconspiracyto promoteragging.
- 4) Iherebysolemnlyeverandundertake that
  - a) My ward will not indulge in any behaviour or act that may be constituted asraggingunderclause3 oftheRegulations.
  - b) Mywardwillnotparticipate inorabetorpropagatethroughanyactofcommissionorcommissionthatmaybeconstitutedasragging underclause3 oftheRegulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward liable for punishment according. to clause 9.1 of theRegulations, without prejudice to any other criminal action that maybe taken against my ward under any penal law oranylaw forthetimebeing in force.
- 6) Iherebydeclare thatmywardhasnotbeenexpelledordebarredformadmissioninanyinstitutioninthe countryonaccount of being found guilty of, abetting or being part of aconspiracy to promote, ragging; and further that affirmthat,inca thedeclarationis.foundtobeuntrue,theadmission of mywardisliabletobecancelled.

Declarethisdayofmonthofyear.

Signature ofthe Parent

WitnessI

Name:

Nameand Signature

Address:

Address

Telephone/MobileNo.

WitnessII

Name and

SignatureAddress

## **BOND**

(Non Judicial Stamp Paper for Rs 100/-)

**BOND FOR UG MBBS ADMISSION FOR THE ACADEMIC YEAR 2024-25**

### **UNDERTAKING**

I Mr /Ms \_\_\_\_\_

S/o, D/o \_\_\_\_\_ Selected for MBBS Course

Do hereby undertake to complete the course as per the requirements of KNR University of Health Sciences. In the event of my discontinuing the studies after joining the course, after the date of free exit, I undertake to pay KNR University of Health Sciences a sum of **Rs 20,00,000 (Rupees Twenty Lakhs only)**

**Signature of the Candidate**

I Mr/Mrs \_\_\_\_\_ parent

of Mr/Ms \_\_\_\_\_ do hereby undertake to pay to 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 after the date for free exit by my Son/Daughter.

Date

**Signature of Parent**

Witnesses

1. Signature

Name & Address in Full

2. Signature

Name & Address in Full

**(Sureties by Income Tax Payees/Gazetted officers only)**

(TO BE FILLED BY TWO SURETIES)

(1.) Inconsideration 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 Quthbullapur 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 Quthbullapur 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.) Inconsideration 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 Quthbullapur 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 lakh only), I, the said surety, shall, without any objection, pay the said due amount to the Government Medical College Quthbullapur 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.:.....

**PROFORMA FOR UNDERTAKING IN THE FORM**

**OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPER OF RS. 100/-**

**)**

**UNDERTAKING**

I, ..... (Candidate name)

S/o/D/o ....., bearing UGNEET 2024

Rank No. .... and I, ..... (Parent name) F/o  
/M/o ....., bearing UGNEET 2024

Rank No ..... hereby 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 2024-25 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:**



**GOVERNMENT MEDICAL COLLEGE, OUTH BULLAPUR**

**UG- MBBS ADMISSION FEE STRUCTURE (2024-25)**

SLNo	Description	OC/BC	SC/ST	Frequency
1	Tuition Fee	10000-00	10000-00	Yearly
2	CDS	5000-00	5000-00	OneTime
3	E Library	2000-00	2000-00	Yearly
4	Central Stores	2000-00	2000-00	OneTime
5	Library Fee	2000-00	2000-00	Yearly
6	Caution Deposit	3000-00	3000-00	OneTime
7	Academic Development Fund	3000-00	1000-00	Onetime
8	Non Government Fund	2000-00	2000-00	OneTime
	<b>TOTAL</b>	<b>29000-00</b>	<b>27000-00</b>	

**Two DDs to be taken**

**1. D.D IN FAVOUR of: "GOVERNMENT MEDICAL COLLEGE Quthbullapur CDSA/C" PAYABLE AT HYDERABAD an Amount of 5000 Rupees (Five thousand only)**

**2. D.D IN FAVOUR of: "GOVERNMENT MEDICAL COLLEGE Quthbullapur ADF A/C" PAYABLE AT HYDERABAD an Amount of 24000 Rupees (Twenty four thousand only) for OC/BC & an Amount of 22000 Rupees (Twenty two thousand only) for SC/ST Categories**

**HOSTEL FEE STRUCTURE**

SINo	Description	Amount
1	Non Refundable Amount	5000-00
2	Caution Deposit (Refundable)	5000-00
3	Rent (Rs 1000/- Per Month x 12 Months)	12000-00
4	Hostel Admission Application Fee	1000-00
	<b>Total</b>	<b>23000-00</b>

Those who need Hostel should take D.D IN FAVOUR of:

**"GOVERNMENT MEDICAL COLLEGE Quthbullapur HOSTEL A/C" PAYABLE AT HYDERABAD an Amount of 23000 Rupees (Twenty three thousand only)**

**University Fees (For AIOS Students only)**

SINo	Description	Amount
1	University Fee	12000-00

**DEMAND DRAFT IN FAVOUR OF "The Registrar, KNR University of Health Sciences, Warangal" PAYABLE AT WARANGAL"**

**GOVERNMENT OF TELANGANA**  
**REQUISITION FOR IDENTITY**  
**CARD GMC - Quthbullapur - 2024-25**

TobefilledBLOCKLETTERS

NameoftheStudent :

Department/Course:

Batch :

Affix  
PassportSiz  
ePhoto

DateofBirth :

BloodGroup :

SignatureofStudent

Full Permanent

AddressWithPincode :


MobileNo :

KindlyIssueIdentitycard :

ADMN.OFFICER(ACAD.)

GOVERNMENTMEDICALCOLLEGE

Quthbullapur

		<b>NAME&amp;ADDRESSOFTHECOLLEGE</b>  (As per College Letter Head)GOVERNMENT MEDICALCOLLEGE,QUTHB ULLAPUR,Medchal-MalkajgiriDist.		Photo
<b>KALOJI NARAYANA RAO UNIVERSITY OFHEALTHSCIENCES,TELANGANA,WARANGAL-</b>  <b>506007</b>				
<b>DETAILSOFTHECANDIDATEADMITTEDINTOUG(MBBS)COURSEFORTHEACADEMICYEAR</b>  <b>2024-2025</b>				
S.No.:	NEETRank:	NEETRollNO:	KNRUHSMerit:	
StudentName:				
Father'sName:				Gender:
Address:				
Category/Caste:		Local/Non-Local:		
		DOB(DD/MM/YYYY):		
QualifyingExaminationBoard:		AllottedQuota(AIQ,CQ,MQ):		
Allotted Details as perKNRUHSAllotmentLetter:				
Site/CollegeCode:				
MobileNumber(10DigitsOnly):				
EmailID:				
AadhaarNumber:				
TotalMarksObtainedinEligibilityExam:			Maximum MarksinEligibilityExam:1000	
<b>Identification Marks (As perSSC/BirthCertificate)</b>		1)		
		2)		
<b>SignatureoftheCandidate</b>		<b>SignatureofthePrincipalalongwiththeOfficialSeal</b>		

**KNRUHS  
DETAILS**

1	NEETROLL NUMBER	
2	NEET RANK	
3	STUDENTNAME(ASPERINTERMEDIATE CERTIFICATE/EQUIVALENCE)	
4	FATHERNAME(ASPERINTERMEDIATE CERTIFICATE/EQUIVALENCE)	
5	MOTHERNAME(ASPERINTERMEDIATE CERTIFICATE/EQUIVALENCE)	
6	GENDER	
7	ADDRESS	
8	DOMICILESTATEORUT(YOUR NATIVITYORPERMANENT ADDRESS)	
9	CATEGORYOC SC  STB CAB CBB CCB CDB CEE WS  OTHERS  FOR CANDIADTESJOINEDINAIQWHOSE CATEGORYISOBC- PLEASESELECTOTHERSINCATEGORYLIST	
10	LOCALITY  OU- (Telangana Region)AU- (AndhraRegion)  SVU- (Rayalaseema Region)NL-(NonLocal)	
11	SERVICE CANDIDATE (YESOR NO) TYPENOIFYOUAREUG(MBBS)STUDENT	
12	DOB(DD/MM/YYYY)	
13	ALLOTTEDQUOTA:-  CQ- COMPETENTAUTHORITYQUOTAAIQ- ALLINDIAQUOTA  STRAY	

14	<p>PHASE:- P1 P2 P3- Aka Mop UpP4 P5 P6 STRAY ThoseWhoGotGovernmentMedicalCollege NarayanpetInP1AndAppliedForSlidingAndGot GovernmentMedicalCollegeNarayanpetAgainInP2 MustSelectP2NotP1</p>	
15	<p>ALLOTTEDLOCALITY  LOC-Local UNR- Unreserved RegionAIQ- AllIndiaQuota</p>	
16	<p>ALLOTTED CATEGORYOC  SCS TBC ABC BBC CBC DBC EEW SOB C</p>	
17	<p>ALLOTTEDSPLCATEGORYNCC  CAP PHO NA  NA-NOTAPPLICABLE</p>	
18	MOBILENUMBER(10DIGITSONLY)	
19	EMAILID(EX: XXXXXX@GMAIL.COM)	
20	AADHARNUMBER(12DIGITS)	
21	SSC/CBSE/ICSE(X)HALLTICKETNUMBER	
22	SSC/CBSE/ICSE(X)Monthandyearofpass	

