::GOVERNMENT MEDICAL COLLEGE QUTHBULLAPUR::

MEDCHAL-MALKAJGIRI DIST:: TELANGANA STATE::-

ADMISSIONS FOR MBBS COURSE 2026-2027

UG Admission Committee:

1. Dr. G. Mahalakshmi, Principal.
2. Dr. T. Nava Kalyani, Vice Principal.
3. Dr. B. Rajini, Professor of Physiology.
4. Dr. M. Sarada, Professor of Biochemistry.
5. Dr. G. Kiranmayee, Professor of Community Medicine.
6. Dr. AB. Suguna, Professor of Pharmacology.

For Queries and Information: Timing: 10:00 AM to 5:00 PM.

1. Dr. D. Bhavika, Associate Professor of Pharmacology. (Mobile No: 9949651804)
2. Dr. M. Swetha, Associate Professor of Physiology. (Mobile No: 9866487188)

Reporting Time from 10.00 A.M to 4.00 P.M

Venue:

Government Medical College, Quthbullapur, ECIL X Roads, Kushaiguda, Beside Suvidha Hospital, Medchal-Malkajgiri District, Telangana – 500062.

1. For admission under OBC quota, OBC certificate issued by concerned state government only is valid. (For AIQ Candidate).
2. For admission under PWD quota, certificate issued in the year 2026 by the medical Board of medical counselling committee authorized centers only.

Sd/-

Principal

Government Medical College, Quthbullapur,

Medchal-Malkajgiri District.

OFFICE OF THE PRINCIPAL, GOVERNMENT MEDICAL COLLEGE QUTHBULLAPUR
Ph: 9849230566

Check list & Acknowledgement for Submission of Original Certificates

Check list for verification and receipt of Original Certificates of allotted candidates to 1st year MBBS for the Academic Year 2026-27

Sl. No._____ Date of admission_____/_____/ 2026

Name of the candidate: _____ Rank No: _____

Sl. No	Certificate	Yes/No	Remarks
1	NEET Admit card		
2	NEET Rank card		
3	Provisional Admission Order		
4	S.S.C or Equivalent examination		
5	Intermediate or 10+2 examination		
6	Study & Conduct certificates (1st to 10th& Intermediate)		
7	Transfer Certificate (T.C).		`
8	Residence Certificate issued by Tahsildar		
9	Candidates who have studied in the institutions outside of Telangana have to submit 10 years (years of period to be specified) residence certificate of the candidate or either of the parent issued by MRO/Tahsildar excluding the period of study/employment outside the State.		
10	a) Latest SC, ST, BC certificates is valid. b) Latest OBC Certificates is valid. c) Latest caste certificates issued by the Tahsildar/MRO concerned.		
11	Latest EWS Certificate is valid.		
12	Latest PWD Quota, Certificates issued by Medical Board of Medical Counseling committee authorized centers only is valid.		
13	Minority Certificate issued by competent authority of Government of Telangana.		
14	CAP/NCC &S.&G./P.H/Anglo-Indian /PMC Certificate		
15	Latest Income Certificate		
16	Aadhar Card		
17	15 Envelops with permanent address		
18	Candidates Latest Pass Port size 6 –Photos		
19	Undertaking Bond for Genuinity of Certificates on Rs:100 Non-Judicial stamp paper		
20	Undertaking Bond for Rs. 20 Lakhs on Rs:100 Non-Judicial stamp paper		
21	Anti-Ragging Bond by Student on Rs:100 Non-Judicial stamp paper		
22	Anti-Ragging Bond by Parent on Rs:100 Non-Judicial stamp paper		
23	Undertaking/Declaration Bond against Drug Abuse		
24	Gap Certificate issued by MRO/Tahsildar		
25	Employment Certificate of parent (Non-Local status)		
26	Equivalency certificate		
27	Migration Certificate.		
28	2 sets of Xerox copies with self-attestation of all original Certificates (Mentioned above) and Bonds with Adhar cards.		
29	D.D No.: Date:		

Principal
Government Medical College, Quthbullapur,
Medchal-Malkajgiri District.

GOVEREMENT MEDICAL COLLEGE, QUTHBULLALPUR

MEDCHAL-MALKAJGIRI DISTRICT

STUDENT DATA (2026-27 MBBS Batch)

Affix recent passport size photo

NEET RANK :

NEET ROLL NO :

KNRUHS Merit :

Student Name (Block letters):

Father Name :

Mother Name:

Gender : (M/F)

Category/Caste : **Local/Non-Local :**

Date of Birth :

SSC Hall Ticket No:

SSC, Month & Year of Passing :

SSC, Maximum & Scored Marks :

Inter Maximum & Scored Marks (P-C-B Only):

Inter Maximum & Scored Marks (English Subject Only):

Total Marks Obtained in Eligibility (NEET) Exam:

Allotted Quota (AIQ, CQ, and MQ) :

Allotted Details as per KNRUHS (Provisional) Allotted Letters:

Date of Admission : **Phase : (I / II / III)**

Student Mobile No: **Student E-Mail-ID :**

Aadhaar No :

Father Mobile No : **Father's E-Mail-ID :**

Identification Marks (As per SSC/Birth Certificate) :

1.

2.

Permanent Postal Address:

H-No: **Street / Village:**

Mandal: **District:**

State: **Pin Code:**

Certified that Kum/Sri _____S/o, D/o, _____

_____Studying in MBBS _____ year given information or data is true.

Parents Signature **Student Signature**

Dt: - -2026

To

The Principal,

Government Medical College,

Quthbullapur, Medchal-Malkajgiri Dist.

Respected Sir,

Sub: - Submission of joining report – Reg.

Ref:

*&***&*

I_____S/o,D/o_____

Rank No_ _____has been allotted at Government Medical College, Quthbullapur during _____phase of counseling under State /AIQ for the admission into 1st year MBBS for the academic year 2026-2027.

Therefore, kindly I request you to join me for admission.

Thanking you,

Yours Sincerely,

(Student Signature)

Name:

Rank No:

Cell No:

Dt: - -2026

To

The Principal,

Government Medical College,

Quthbullapur, Medchal-Malkajgiri Dist.

Respected Sir,

Sub: - Undertaking Letter – Reg.

*&***&*

I_____ S/o, D/o_____

Rank No_ _____has been giving undertaking letter for submission of following pending Original certificates within ( ) days, failing of the same may leads to cancellation of my admission.

1.

2.

3.

4.

5.

6.

Therefore, kindly accept my admission for 1st year MBBS for the academic year 2026-2027.

Thanking you,

Yours Sincerely,

Parent signature

Name :

Cell No:

(Student Signature)

Name :

Rank No:

Cell No:

GOVERNMENT MEDICAL COLLEGE, QUTHBULLAPUR,

MEDCHA-MALKAJGIR DISTRICT.

Rc:No. Spl/Acad/GMC-QTB/2026 Date: - -2026.

Sub: Acad-GMC-QTB- Admissions-Fee structure for undergraduate MBBS courses for the Academic Year 2026-27 - Instructions Issued-Reg.

Ref: Lr No: /P3/DME/2024 Dt: 25.05.2024, of the DME, Telangana, Hyderabad.

UNDER GRADUATE (MBBS FEE STRUCTURE)

S.No	Name of the fee particulars	OC/BC	SC/ST	Frequency
1	Tuition Fee	Rs : 10,000/	Rs : 10,000/-	Yearly
2	CDS	Rs : 5,000/-	Rs : 5,000/-	One Time
3	E-Library	Rs : 2,000/-	Rs : 2,000/-	Yearly
4	Central Stores	Rs : 2,000/-	Rs : 2,000/-	One Time
5	Library Fee	Rs : 2,000/-	Rs : 2,000/-	Yearly
6	Caution Deposit	Rs : 3,000/-	Rs :3,000/-	One Time
7	Academic Development Fund	Rs : 3,000/-	Rs :1,000/-	One Time
8	Non-Government Fund	Rs : 2,000/-	Rs : 2,000/-	One Time
	TOTAL	Rs : 29,000/-	Rs : 27,000/-	

1. An amount of 5000/- Rupees (Five Thousand Rupees only) should be paid in D.D in favor of **"GOVERNMENT MEDICAL COLLEGE QUTHBULLAPUR CDS A/C"** from any nationalized Bank Payable at Hyderabad.

2. An amount of 24000/- (Rupees Twenty-Four Thousand Rupees only) for OC/BC Categories & an amount of 22000/- (Rupees Twenty-Two Thousand Rupees only) for SC/ST Categories should be paid in D.D in favor of **"GOVERNMENT MEDICAL COLLEGE QUTHBULLAPUR ADF A/C"** from any nationalized Bank Payable at Hyderabad.

UNIVERSITY FEE (For AIQ Students only)

S.No	Name of the fee particulars	Amount
1	University Fee (as per university guidelines)	Rs : 12000/-

An amount of Rs: 12,000/- (Rupees Twelve Thousand only) as a university fee separately for "ALL India Quota Students "should be paid in the form of D.D in the favor of **"Registrar, KNRUHS Warangal"** from any nationalized bank **Payable at Warangal.**

Principal
Government Medical College, Quthbullapur,
Medchal-Malkajgiri District.

GOVERNMENT MEDICAL COLLEGE, QUTHBULLAPUR,

MEDCHA-MALKAJGIR DISTRICT.

Rc:No. Spl/Acad/GMC-QTB/2026 Date: - -2026.

Sub: Acad-GMC-QTB- Admissions-Hostel Fee structure for undergraduate MBBS courses for the Academic Year 2026-27 - Instructions Issued-Reg.

Ref: Lr No: /P3/DME/2024 Dt: 25.05.2024, of the DME, Telangana, Hyderabad.

S.No	**Name of the fee particulars**	Amount
	Non-Refundable	Rs : 5,000/-
	Caution Deposit (Refundable)	Rs : 5,000/-
	Rent (Rs 1000/- Per Month-12 Months)	Rs : 12,000/-
	Hostel Admission Application Fee	Rs : 1,000/-
	TOTAL	Rs : 23,000/-

An amount of 23000/- (Rupees Twenty-Three Thousand Rupees only) should be paid in the form of D.D in favor of "**GOVERNMENT MEDICAL COLLEGE QUTHBULLAPUR HOSTEL A/C"** for those who need hostel facility from any nationalized Bank Payable at Hyderabad

Principal

Government Medical College, Quthbullapur,

Medchal-Malkajgiri District.

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON-NON-JUDICIAL STAMP PAPERS OF RS:100/-)

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2026-27

UNDERTAKING

I_____,D/o,S/o_____,bearing UG NEET 2026, Rank No_____ (Candidate name)

AND

I_____, F/o _____, bearing UG NEET 2024 Rank No._____ (Parent name)

Hereby give an undertaking as below, in connection with our claims with regard to certificate submitted for admission into **UG Medical and Dental courses** for the Academic year 2026-27 in colleges affiliated to KNR University of Health Science. 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 KNR University of Health Sciences.

I also hereby undertaking 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 Candidates.

Aadhar No:

Address:

Date:

Place:

KNRUHS DISCONTINUATION BOND

(ON NON-JUDICIAL STAMP PAPERS OF Rs.100/- WITH NOTARY)

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2026-27

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 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 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 for forfeiture of the bond in accordance to the G.O.Ms.No.125,126 and 127 HM&FW Depot 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 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 for forfeiture of the bond in accordance to the G.O.Ms.No.125,126 and 127 HM&FW Depot Dated:22.09.2022.

Signature of the Parent.

Witness with details of
Permanent address,
& Aadhar card No & Mobile No:

1)

2)

Permanent address,
& Aadhar card No & Mobile No:

Self-attested Xerox copies of Aadhar cards along with mobile nos of parent and witness should be enclosed along with the bond.

(**SURETIES BY INCOMETAX PAYEES/GAZETTED OFFICERS ONLY)**

(TO BE FILLED BY TWO SURETIES)

(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 Quthbullapur to a sum of Rs.20,00,000/-only (Rupees Twenty lakhs only), I hereby stand a 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) 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 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.:……

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS OF RS.100/-

FORM I (National Medical Commission)
[See sub-clause(a) of clause (i) and sub clause (a) of clause(ii) of sub -regulation (2) of regulation7]
FORMAT OF UNDERTAKING BY THE STUDENTS

1._____ (Full Name in Block Letters) _____ Son/Daughter of Mr./Mrs./Ms._____

_____ (Full Name in Block Letters) _____admitted to the course of MBBS (Name of course) _____with Admission No._____

At Government Medical College, Quthbullapur (Name of college/institution)-affiliated to

Kaloji Narayan Rao University of Health Sciences (Name of University)- have received a copy of the National Medical Commission (prevention and prohibition of Ragging in Medical Colleges and Institutions) Regulations, 2021(hereinafter 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 abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

5. I hereby undertake that-------

(i) I will not indulge in any behavior or act that may come under the definition 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 a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled/withdrawn.

Signed on this the _____ day of _____month of _____year.

Signature

Name:
Address:

Tel/Mobile No:

Signature of Witness1:
(Name of Witness 1):
Address:
Signature of Witness2:
(Name of Witness 2):
---------Address:

Xerox copies of Aadhar cards along with Mobile Numbers of witness should be enclosed along with the bond.

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS OF RS.100/-

FORM II (National Medical Commission)
[See sub-clause(b) of clause (i) and sub clause (b) of clause(ii) of sub-regulation (2) of regulation7]

FORMAT OF UNDERTAKING BY PARENT/GUARDIAN OF THECANDIDATE/STUDENT

I _____ (Full Name in Block Letters)_____ Father/Mother/Guardian of Mr./Mrs./Ms._____ (Full Name of Student in Block Letters) _____admitted to the Course of_____ (Name of Corse) _____ with Admission

No._____At Government Medical College, Quthbullapur (Name of College/Institution)affiliated to Kaloji Narayan Rao University of Health Sciences (Name of University hereby declare that receives a copy of the National Medical Commission (Prevention and prohibition of Ragging in Medical Colleges and institutions) Regulations,2021(hereinafter referred to as the said regulations).

2.I have carefully read and fully understood the provisions in the said regulations.

8. I have particularly perused the provisions of regulations 3 and4 of the said regulations and have fully understood what constitutes “ragging”.

9. 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 a conspiracy to promote ragging.

10. I hereby undertake that my son/daughter/ward_____

(i) Will not indulge in any behavior or act that may come under the definition of ragging as may be constituted under regulations 3 and 4 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 regulations 3 and 4 of the said regulations;

(iii) Will not hurt anyone physically or psychologically or cause any other harm.

11. I hereby agree that if 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 law for the time being in force.

12. I also declare that he/she has never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, his/her admission is liable to be cancelled/withdrawn.

Signed on this the _____ day of _____month of _____year.

Signature

Name:
Address:
Tel/Mobile No:

Signature of Witness1:
(Name of Witness 1):
Address:
Signature of Witness2:
(Name of Witness 2):
---------Address:

Xerox copies of Aadhar cards along with Mobile Numbers of witness should be enclosed along with the bond.

(ON NON-JUDICIAL STAMP PAPERS OF Rs.100/- WITH NOTARY)

UNDERTAKING/DECLARATION AGAINST DRUG ABUSE

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:	Name of Parent / Guardian:
NEET Roll No:	Relationship with Student:
Course:	Address:
College:	Mobile No.:
Academic Year:	

Signature of the Student	Signature of the Parent/Guardian

Place:

Date: