



::GOVERNMENT MEDICAL COLLEGE::MAHESHWARAM::

::TELANGANA::

ADMISSION FOR MBBS COURSE 2024-25

UG Admission Committee :

1. Dr B. Triveni ,Principal
2. Dr Mohammed Taquiddin Khan ,Vice Principal (Admin)
3. Dr K Nagamani ,Vice Principal (Acad)
4. Dr I Srilakshmi ,Prof HOD ,Pathology
5. Dr Vinodini , Prof HOD ,Anatomy
6. Dr G. S. Prema , Prof HOD , Physiology
7. Dr A Sujatha Rani , Prof HOD , Biochemistry
8. Dr B Kiranmai , Prof HOD , Community Medicine
9. Dr D Sridhar , Associate Professor ,Community Medicine
10. Dr S Anitha ,Associate Professor ,Pathology
11. Dr P Madhavi ,Assistant Professor ,Pharmacology
12. Dr Syed Ahmed Mohinuddin ,Assistant Professor ,Community Medicine
13. Dr M Supriya ,Assistant Professor ,Pathology

**FOR MBBS ADMISSIONS VISIT GOVERNMENT GENERAL HOSPITAL/AREA HOSPITAL
VANASTHALIPURAM, RANGAREDDY DISTRICT**

For Queries and Information:

Contact : Dr M Rajineesh ,Assistant Professor (Anatomy) 9502369969

Dr Syed Ahmed Mohinuddin ,Assistant Professor (SPM) 9885748088

Dr Abdul Raof Omer Siddique Associate Professor (Physiology) 9848647585

Dr C Muralidhar , Associate professor (Pharmacology)917733904

Dr D Sridhar , Associate professor (SPM)9885407466

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

- 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.
- For allotment under OBC Quota ,OBC Certificate issued by the concerned state government only is valid
- For allotment under PWD quota, certificate issued this year by the medical board of medical counselling committee authorised centres only

All the candidates who have been allotted MBBS seats in UG counselling ,in this institute are here by 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. 12th/Intermediate or equivalence certificate
7. Bonafide /Study and Conduct Certificate (1st 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.D in Favour of “ **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 MAHESHWARAM CDS A/C**” Amount of Rs 5000 /- and In Favour of “ **GOVERNMENT MEDICAL COLLEGE MAHESHWARAM 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 (Anti ragging affidavit by the Student)
25. On non Judicial stamp paper of Rs. 100 (Anti ragging 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 ,MAHESHWARAM ,NEET 2024 ,MBBS BATCH 2024

PERSONAL 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(ON NON- JUDICIAL STAMP PAPER OF RS.100/-)

ANNEXURE I

AFFIDAVIT BY THE STUDENT

I..... Registration No.....S/o, D/o, having been admitted to ,**Government Medical College, Maheshwaram** 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 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 form 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 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(OON NON- JUDICIAL STAMP PAPER OF RS.100/-)

ANNEXURE – II

AFFIDAVIT BY PARENT /GUARDIAN

1) Mr. /Mrs./Ms..... (full name of parent /guardian) father / mother / guardian of..... (full name of student with admission / registration / enrolment number) having been admitted to **Government Medical College, Maheshwaram**, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009. (Here in after 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) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.

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

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

6) I hereby declare that my ward has not been expelled or debarred form 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 affirm that, in case the declaration is. found to be untrue, the admission of my ward is liable to be cancelled.

Declare this day of month of year.

Signature of the Parent

Witness I

Name:

Name and Signature

Address:

Address

Telephone / Mobile No.

Witness II

Name and Signature

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/BDS ADMISSION FOR THE ACADEMIC YEAR 2024-25

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 the 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 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 undertake to pay KNR University of Health Sciences, Telangana a sum of Rs 20,00,000.00/- (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)

2)

(Sureties by Income Tax 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 Maheshwaram 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 Maheshwaram 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 Maheshwaram 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 Maheshwaram 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/-)

U N D E R T A K I N G

I, (Candidate name)

S/o / D/o , bearing UG NEET 2024

Rank.No.....and I,..... (Parent name)

F/o/M/o , bearing UG NEET 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 .MAHESHWARAM

UG - MBBS ADMISSION FEE STRUCTURE (2024-25)

SLNo	Description	OC/BC	SC/ST	Frequency
1	Tuition Fee	10000-0	10000-00	Yearly
2	CDS	5000-00	5000-00	One Time
3	E Library	2000-00	2000-00	Yearly
4	Central Stores	2000-00	2000-00	One Time
5	Library Fee	2000-00	2000-00	Yearly
6	Caution Deposit	3000-00	3000-00	One Time
7	Academic Development Fund	3000-00	1000-00	One time
8	Non Government Fund	2000-00	2000-00	One Time
	TOTAL	29000-00	27000-00	

Two DDs to be taken

1. D.D IN FAVOUR of : “ GOVERNMENT MEDICAL COLLEGE MAHESHWARAM CDS A/C ” PAYABLE AT HYDERABAD an Amount of 5000 Rupees(Five thousand only)

2. D.D IN FAVOUR of : “ GOVERNMENT MEDICAL COLLEGE MAHESHWARAM 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

SI No	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
	Total	23000-00

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

“ GOVERNMENT MEDICAL COLLEGE MAHESHWARAM HOSTEL A/C ” PAYABLE AT HYDERABAD an Amount of 23000 Rupees (Twenty three thousand only)

University Fees (For AIQ Students only)

SI No	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- MAHESHWARAM-2024-25

To be filled BLOCK LETTERS

Name of the Student :

Department/Course:

Batch :



Date of Birth :

Blood Group :



Signature of Student

Full Permanent Address

With Pincode :

Mobile No :

Kindly Issue Identity card :

ADMN. OFFICER (ACAD.)
GOVERNMENT MEDICAL COLLEGE
MAHESHWARAM



**KALOJI NARAYANA RAO UNIVERSITY OF
HEALTH SCIENCES, TELANGANA, WARANGAL-
506007**

**NAME & ADDRESS OF THE
COLLEGE**

**(As per College Letter Head)
GOVERNMENT MEDICAL
COLLEGE ,
MAHESHWARAM, RANGAREDDY
DISTRICT, TELANGANA**

Photo

**DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC YEAR
2024-2025**

S.No.:

NEET Rank :

NEET Roll NO :

KNRUHS Merit :

Student Name:

Father's Name:

Gender:

Address:

Category/Caste:

Local/Non-Local:

DOB (DD/MM/YYYY):

Qualifying Examination Board:

Allotted Quota (AIQ, CQ, MQ) :

**Allotted Details as per
KNRUHS Allotment Letter:**

Site/College Code:

Mobile Number (10 Digits Only):

Email ID:

Aadhaar Number:

Total Marks Obtained in Eligibility Exam:

Maximum Marks in Eligibility Exam:1000

**Identification Marks (As per
SSC/Birth Certificate)**

1)

2)

Signature of the Candidate

Signature of the Principal along with the Official Seal

**KNRUHS
DETAILS**

1	NEET ROLL NUMBER	
2	NEET RANK	
3	STUDENT NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
4	FATHER NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
5	MOTHER NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
6	GENDER	
7	ADDRESS	
8	DOMICILE STATE OR UT (YOUR NATIVITY OR PERMANENT ADDRESS)	
9	CATEGORYOC SC ST BCA BCB BCC BCD BCE EWS OTHERS FOR CANDIADTES JOINED IN AIQ WHOSE CATEGORY IS OBC- PLEASE SELECT OTHERSIN CATEGORY LIST	
10	LOCALITY OU- (Telangana Region) AU- (Andhra Region) SVU- (Rayalaseema Region) NL- (Non Local)	
11	SERVICE CANDIDATE (YES OR NO) TYPE NOIFYOU ARE UG(MBBS) STUDENT	
12	DOB (DD/MM/YYYY)	
13	ALLOTTED QUOTA: - CQ- COMPETENT AUTHORITY QUOTA AIQ- ALL INDIA QUOTA STRAY	

14	<p>PHASE:- P1 P2 P3- Aka Mop Up P4 P5 P6 STRAY Those Who Got Government Medical College Narayanpet In P1 And Applied For Sliding And Got Government Medical College Narayanpet Again In P2 Must Select P2 Not P1</p>	
15	<p>ALLOTTED LOCALITY LOC- Local UNR- Unreserved Region AIQ- All India Quota</p>	
16	<p>ALLOTTED CATEGORY OC SC ST BCA BCB BCC BCD BCE EWS OBC</p>	
17	<p>ALLOTTED SPL CATEGORY NCC CAP PHO NA NA- NOT APPLICABLE</p>	
18	MOBILE NUMBER (10 DIGITS ONLY)	
19	EMAIL ID(EX: XXXXXX@GMAIL.COM)	
20	AADHAR NUMBER (12 DIGITS)	
21	SSC /CBSE /ICSE(X) HALL TICKET NUMBER	
22	SSC /CBSE /ICSE(X) Month and year of pass	

