



GOVERNMENT MEDICAL COLLEGE
:: JAYASHANKAR BHUPALPALLY ::
:: TELANGANA STATE ::

ADMISSIONS FOR MBBS COURSE 2024-25

UG Admission Committee :

Dr. P.Rajendra Prasad, Principal (9491683124, 9849048607)

Dr. K. Rajesham, Nodal Officer, Administration (9949746031)

Dr. A. Raj Kumar, Nodal Officer, Admissions

Dr. V. Divya, Nodal Officer, Academics (9100272906)

For Queries and Information :

1. Sri A. Vidya Sagar O/S Academics (9030256129)

2. Smt. E.Soumya (7386004268)

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 concerned state government only is valid.**
- For allotment under PWD quota, **certificate issued should be latest - by the medical board of Medical counselling committee authorized centres**

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

**GOVERNMENT MEDICAL COLLEGE
JAYASHANKAR BHUPALPALLY**

Rc. No. GMC/JSBHPL/ACAD/2024

Date:

CERTIFICATE

This is to certify that

S/o. D/o..... Neet Rank Neet Roll
No..... has submitted the following Certificates / Documents of MBBS Course of 2024-
25 Batch.

1. Provisional Allotment Order
2. Neet UG ADMIT Card – 2024 (Mandatory)
3. Neet UG Rank Card – 2024 (Mandatory)
4. Birth Certificate (SSC Marks Memo) (Mandatory)
5. Qualifying Exam Certificate (Intermediate Marks Memo OR Equivalent - Grade Certificate Not Accepted) (Mandatory)
6. Study Certificates VI to X (Mandatory)
7. Study Certificates XI & XII (Intermediate) (Mandatory)
8. Latest Caste Certificate (Mandatory - if applicable) with father's Name
9. Transfer Certificate (Mandatory)
10. Minority Certificate (Mandatory - If applicable)
11. EWS Certificate for the year 2024-25 - Claiming Reservation under EWS Categories issued by Competent Authority (Tahsildar) of State of Telangana (Mandatory - if applicable)
12. Latest Parental Income Certificate (If applicable)
13. Residence Certificate of the Candidate or either parent issued by MRO / Tahasildar of Telangana /AP for a period of Ten (10) years (period to be specified with exact month and year) excluding the period of Study / employment outside the state (Mandatory – if applicable)
14. NCC Certificate (Mandatory – If applicable)
15. GAP Certificate (Mandatory – If applicable)
16. PMC Certificate (Mandatory – If applicable)
17. Anglo Indian Certificate (Mandatory – If applicable)
18. Employment Certificate of parent (For Non-Local Status)
19. D. D in favor of “**THE REGISTRAR, KNRUHS, WARANGAL**”) Fee Rs. 12000/- (All India Quota) (Mandatory)
20. College Fee **DEMAND DRAFT** in favor of the **PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, JAYASHANKAR BHUPALPALLY** Amount of Rs. 29,000/- (OC, BC) and Rs. 27,000/- (SC, ST) (Mandatory)
21. 10 Passport Size Photos (Mandatory)

22. Aadhaar Card Xerox Copy (Mandatory)
23. Form I & II (Enclosed)
24. Specimen Signature of the Candidate (Mandatory)
25. Undertaking in the form of Affidavit on Rs.100 Non-Judicial stamp paper by the parent and candidate stating that all the certificates including the caste and category certificates are genuine and they are responsible for any further consequences as per law shall be submitted at the time admission. If any discrepancy is noticed, the admission will be canceled. (Mandatory)
26. Bond of Rs. 20,00,000/- (Rupees Twenty Lakhs). (Mandatory)
27. 3 Sets Xerox of all the above documents

The above certificates will not be returned to the candidates unless they complete the course as norms of KNR University of Health Sciences, Warangal, Telangana State.

SIGNATURE

**GOVERNMENT MEDICAL COLLEGE: JAYASHANKAR BHUPALPALLY: NEET – 2024 MBBS
BATCH 2024-25 PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON: _____**

Should be filled by the candidate's own handwriting:

1. Full Name of the Candidate :
(In block letters as per Intermediate Certificate)
2. Age and Date of Birth :
(As per SSC certificate)
3. Sex :
4. Name of Father & Occupation :
5. Literacy Status of Father :
6. Name of the mother & Occupation :
7. Permanent Address of the Parents :
Phone No. (OR)
(Mobile)
8. Temporary Address of the Candidate :
Phone No (OR)
Mobile:
9. Name of the college where the candidate
where last studied (Inter 2nd year or +2) :
10. Name of the Coaching Centre :
(If studied)
11. Number of attempts of NEET :
12. After Completion of the MBBS
Course whether you will join in : Govt. Service / Private Service
13. Whether you wish to pursue a Postgraduate
course if yes which specialty :

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, JAYASHANKAR BHUPALPALLY 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 the conspiracy to promote ragging and have never been punished in any manner for these offenses 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

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 _____) at _____ Government Medical
College, **JAYASHANKAR BHUPALPALLY** 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:

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 here by under-take to pay KNR University of Health Sciences, 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)

Xerox copies of Aadhar cards along with mobile no's of witness should be enclosed along with the bond .

(TO BE FILLED BY TWO SURETIES)

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, Govt. Medical College, **JAYASHANKAR BHUPALPALLY** 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 Govt. Medical College, **JAYASHANKAR BHUPALPALLY** 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 returns.

Signature
Name of the Surety.....
Present Address:
.....Pin.....
Permanent Address:.....
.....Pin.....
Aadhaar No.:
PAN No.
Mobile No.:

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, Govt. Medical College, **JAYASHANKAR BHUPALPALLY** 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 Govt. Medical College, **JAYASHANKAR BHUPALPALLY** 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 returns.

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/-)

UNDERTAKING

I, (Candidate name) S/o / D/o....., bearing UG NEET 2024 Rank No and I, (Parent name) F/o: (Candidate name), 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 Course 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,
JAYASHANKAR BHUPALPALLY, TELANGANA.

New Under Graduate (MBBS College Fee Structure)

Sl. No.	Description	OC/BC	SC/ST	Frequency
01.	Tuition Fee	10000-00	10000-00	YEARLY
02.	CDS	5000-00	5000-00	ONCE
03.	E-Library	2000-00	2000-00	YEARLY
04.	Central Stores	2000-00	2000-00	ONCE
05.	Library Fee	2000-00	2000-00	YEARLY
06.	Caution Deposit	3000-00	3000-00	ONCE
07.	Academic Development Fund	3000-00	1000-00	ONCE
08.	Non-Government Fund	2000-00	2000-00	ONCE
	TOTAL	29000-00	27000-00	

DEMAND DRAFT IN FAVOUR OF "PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, BHUPALPALLY" PAYABLE AT BHUPALPALLY FROM ANY NATIONALIZED BANK.

Hostel Fee Structure (2024-25)

Sl. No.	Description	Amount
01.	Non-Refundable Amount	5000-00
02.	Caution Deposit (Refundable)	5000-00
03.	Rent (Rs. 1000/- Per Month×12 Months)	12000-00
04.	Hostel Admission Application Fee	1000-00
	Total	23000-00

DEMAND DRAFT IN FAVOUR OF "PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, BHUPALPALLY" PAYABLE AT BHUPALPALLY FROM ANY NATIONALIZED BANK.

University Fees (For AIQ Students only)

Sl.No.	Description	Amount
01.	University Fees	Rs.12000-00

DEMAND DRAFT IN FAVOUR OF "THE REGISTRAR KNR UNIVERSITY OF HEALTH SCIENCES, WARANGAL" PAYABLE AT WARANGAL"

Sd/-
Principal
Government Medical College,
Jayashankar Bhupalpally.