

GOVERNMENT MEDICAL COLLEGE, YADADRI

ADMISSION FOR MBBS COURSE 2024-25

UG Admission Committee :

1. Dr K Ramesh Reddy ,Principal
2. Dr R L Lakshman Rao ,Vice Principal (Adm)
3. Dr Aparna ,Vice Principal (Acad)
4. Dr Vijaya Saradhini ,Prof HOD ,Biochemistry
5. Dr Anand Krishna ,Community Medicine Associate Professor
6. Dr S.P Srinivas Associate Professor ,Physiology
7. Dr P Sujatha ,Associate Professor ,Biochemistry
8. Dr K E Vikram Rao ,Associate Professor ,Anatomy

For Queries and Information:

Contact : Dr R L Lakshman Rao ,Vice Principal (Adm) 9440146200

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 online payment /DD. In Favour of **Principal, Government Medical College ,Yadadri .Amount of Rs 29,000/- (OC,BC) and Rs 27,000/- (SC,ST) (If payment through online mode copy of the transaction ID should be enclosed)**
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 .

Sd/-
PRINCIPAL

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

GOVERNMENT MEDICAL COLLEGE ,YADADRI ,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

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)

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/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:

(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,Yadadri** 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

Name:

NOTARY(ON 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, Yadadri**, 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

Name:

Address:

Telephone / Mobile No.