GOVERNMENT MEDICAL COLLEGE, YADADRI

ADMISSION FOR MBBS COURSE 2025-26

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
- 9. Dr M.Supria ,Assistant Professor ,Community Medicine

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 2025-26

- 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. Study and Conduct Certificate from 9th class to Intermediate
- 8. Candidates who have not studied in the any Educational Institutions have to submit residence certificate of the candidate for 4 years period immediately preceding the qualifying examination (dates of period to be specified).
- Intermediate Marks Memo
- 10. Transfer Certificate
- 11. Migration Certificate (if applicable)
- 12. Equivalence Certificate (if studies in other state)
- 13. Social Status Certificate
- 14. EWS Certificate for the year 2025-26 issued by Tahsildar of State of Telangana (if applicable)
- 15. Minority Certificate (if applicable)
- 16. Latest Parental income certificate (is applicable)
- 17. PWD Certificate (if applicable)certificate issued this year by the Medical Board of Medical Counselling committee authorised centres
- 18. D.D in Favour of "The Registrar, KNR University of Health Sciences, Warangal" PAYABLE AT WARANGAL" Fee Rs 12000/(All India quota students only)
- 19. College Fee online payment /DD. In Favour of Principal, GMC, Yadadri, CDS. 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) (Account No:44123423157,SBI ,BHONGIR,IFS Code:SBIN0020173 SWIFT)
- 20. 4 Passport Size Photos
- 21. Aadhaar Card Xerox Copy
- 22. GAP Certificate (if applicable)
- 23. Discontinuation Bond Paper Rs. 100 (for Rs.20 Lakhs)
- **24.** On non Judicial stamp paper of Rs. 100 (Genuity of certificate).
- 25. On non Judicial stamp paper of Rs. 100 (Anti ragging affidavit by the Student)
- 26. On non Judicial stamp paper of Rs. 100 (Anti ragging affidavit by the Parent)
- 27. 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
- 28. 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 .

29. Relieving Letter from Phase 1 allotted college if allotted seat in Phase 1.

Sd/-PRINCIPAL

GOVERNMENT MEDICAL COLLEGE ,YADADRI ,NEET 2025 ,MBBS BATCH 2025 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)		
	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

KNRUHS DISCONTINUATION BOND PROFORMA FOR UNDERTAIKNG 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 2025-26

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 for feiture 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					
NA Garage					
Witnesses					
1.Signature					
Name & Address in Full					
2.Signature					
Name & Address in Full					

(Sureties by Income Tax Payees/Gazetted officers only, Aadhar card and Pan card copies to be enclosed)

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

UNDERTAKING

I,	(Candidate name)
S/o / D/o	, bearing UG NEET 2025
Rank No and I,	
(Parent name) F/o/M/o	, bearing UG NEET 2025
Rank No	tted for admission into UG Medica s affiliated to KNR University of Health
I am aware that if the submitted relevant cer	rtificate (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 a	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
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
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.