

GOVERNMENT MEDICAL COLLEGE, YADADRI

ADMISSION FOR MBBS COURSE- 2026-27

UG Admission Committee:

1. Dr. B Vijaya Saradhini, Principal
2. Dr. R L Lakshman Rao, Vice Principal (Adm)
3. Dr. K Aparna Vedapriya, Vice Principal (Acad)
4. Dr. K Madhurima, Prof HOD, Microbiology
5. Dr. G Anand Krishna, Community Medicine Associate Professor
6. Dr. S. P. Srinivas Associate Professor, Physiology
7. Dr. P Sujatha Associate Professor, Biochemistry
8. Dr. K Ephraim Vikram Rao, Associate Professor, Anatomy
9. Dr. N Sanjana, Assistant Professor, Biochemistry
10. Dr. D Prathik, Assistant Professor, Anatomy.

For Queries and Information:

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

Dr. D Prathik, Assistant Professor – 7799037104

Dr. P Sujatha, Associate Professor – 9966355528

M Shirisha, Data Entry Operator – 8309472921

N Nagamani, Data Entry Operator – 9912101952

D Swamy, Data Entry Operator – 9705185470

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

- 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 hereby directed to submit the following documents

Required documents for MBBS Admissions 2026-27

- 1.** Application (Joining Report)
- 2.** Provisional Allotment order
- 3.** NEET Hall Ticket
- 4.** NEET Rank Card
- 5.** SSC/10th Pass Certificate (Date of Birth reference) or its equivalence
- 6.** 12th / Intermediate or equivalence certificate
- 7.** Study and Conduct Certificate from 6th class to Intermediate or its equivalence
- 8.** Candidates who have not studied in 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).
- 9.** 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 year 2026-27 issued by Tahsildar of State of Telangana (if applicable)
- 15.** Minority Certificate (if applicable)
- 16.** Latest Parental income certificate (if 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 DD. In Favour of **Principal, GMC, Yadadri, CDS** PAYABLE AT BHONGIR Amount of **Rs 29,000/- (OC, BC) and Rs 27,000/-(SC.ST)**
- 20.** 4 Passport Size Photos
- 21.** Aadhaar Card Xerox Copy
- 22.** GAP Certificate (if applicable)
- 23.** KNRUHS Discontinuation Bond Paper Rs. 100 (for Rs 20 Lakhs)
- 24.** One non-Judicial stamp paper of Rs 100 Genuity of certificate).
- 25.** One non-Judicial stamp paper of Rs. 100 (Anti ragging affidavit by the student)
- 26.** One 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
- 30.** Undertaking/declaration on Anti- Drug in the attached format. (Notarized)

PRINCIPAL

NOTE: 1) TWO SETS OF COPIES OF ALL CERTIFICATES AND BONDS SHOULD BE SUBMITTED.

2)THE ABOVE CERTIFICATES WILL NOT RETURN TO HIM/HER UNLESS HE/SHE COMPLETES THE COURSE AS PER NORMS OF KNRUHS.

HOSTEL FEE STRUCTURE

SINo	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

Hostel Fee & Deposits:

D. D IN FAVOUR of : **Principal ,GMC Yadadri ,Hostel**
ACCOUNT No: **44405576589**
IFSC CODE: **SBIN0020173**
BRANCH: **STATE BANK OF INDIA ,BHONGIR (20173)**

GOVERNMENT MEDICAL COLLEGE YADADRI NEET 2026 MBBS BATCH 2026-2027

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 /10th Class) :

3. Gender :

4. Name of Father :

5. Name of Mother :

6. Temporary Address :

7 Permanent Address :

8. Parents Phone No (Mother & Father) :

Parent Email 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. Student Email ID :

15. Student phone number :

Signature of Student

Signature of Parents/Guardian

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 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 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 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 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-2026

Rank No _____ and I _____

(Parent name) F/o/M/ _____ bearing UG NEET - 2026

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 2026 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 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 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) 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, 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 from 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 of 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 91 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 swear 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 91 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 from 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 I 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.

**KNRUHS ANTI-DRUG UNDERTAKING
PROFORMA FOR ANTI-DRUG UNDERTAKING / DECLARATION IN THE FORM OF
AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPER OF Rs. 20/- WITH NOTARY)**

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:

NEET Roll No:

Course:

College:

Academic Year:

Name of Parent / Guardian:

Relationship with Student:

Address:

Mobile No.:

Signature of the Student:

Signature of the Parent / Guardian

Place :

Date :

		GOVERNMENT MEDICAL COLLEGE YADADRI YADADRI BHUVANAGIRI DIST.	CANDIDATE PHOTO
KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506002			
DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC YEAR 2026-27			
S.No.:	NEET Rank:	NEET Roll No:	KNRUHS Merit:-----
Student Name:			
Father's Name:			Gender:
Address:			
Category/Caste:	Local/Non- Local:		
	DOB:		
Qualifying Examination Board:	Allotted Quota (AIQ, CQ, MQ):		
Allotted Details as per KNRUHS Allotment Letter:			
Site/College Code:			
Student Mobile Number (10 Digits Only):			
Student Email ID:			
Student Aadhaar Number:			
Total Marks Obtained in Eligibility Exam:		Maximum Marks in Eligibility Exam:	
Identification Marks (As per SSC/Birth Certificate)	1)		
	2)		
Signature of the Candidate	Signature of the Principal along with the Official Seal		