



**GOVERNMENT MEDICAL COLLEGE:: SIDDIPET::**

**::TELANGANA STATE::-**

**ADMISSIONS FOR MBBS COURSE 2023-24**

**UG Admission Committee:**

1. Dr. VIMALA THOMAS, Director, Govt. Medical College, Siddipet
2. Dr. G.Sreenivas, Vice Principal (Academic) – Co-ordinator. - 9866870803

Sl No.	Team (A)	Team (B)	Team (C)
1	Dr.Aparna Veda Priya, Professor, Anatomy Dept.	Dr.Devender, Professor, Pathology Dept.	Dr.Margaret Viola, Professor, Pharmacology Dept.
2	Dr.Suresh Babu, Professor, Bio-chemistry Dept.	Dr.Paramjyothi, Professor, Physiology Dept.	Dr.V.V.Shailaja, Professor, Microbiology Dept.
3	Dr.Shashi Rekha, Associate Professor, Physiology Dept.	Dr.Santhoshi Bhavani, Assistant Professor, SPM Dept.	Dr.Vydehi, Assistant Professor of Bio-chemistry Dept.
4	Dr.Gayathri, Assistant Professor SPM Dept.	Dr.Ram mohan , Assistant Professor, Pathology Dept.	Dr.Amrutha Roopa, Assistant Professor, Anatomy Dept.
5	Dr.Jyotshna, Assistant Professor, Pharmacology Dept	Dr.Desham, Assistant Professor	Dr.Sunitha, Assistant Professor of Microbiology Dept.

**For Queries and Information :**

1. Sri.Narsimlu, Administrative Officer, Mob.No.9848515118
2. Sri.Syed Ashfaq Ahmed, Office Supdt, Mob.No.9440494971
3. Sri.A.Harith Kumar, Senior Assistant Mob.No.9652760060
4. Sri.T.Bala Ojaiah, Junior Assistant, Mob.No.9705886867
5. Sri.Srinivasulu, Junior Assistant, Mob.No.9502810244

**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 counselling, in this institute are hereby directed to submit the following documents:

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**GOVERNMENT MEDICAL COLLEGE: SIDDIPET**

Re. No. GMC/SDPT/ACAD/2023

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 2023-  
24 Batch.

1. Provisional Allotment Order
2. Neet UG ADMIT Card – 2023 (Mandatory)
3. Neet UG Rank Card – 2023 (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 Name
9. Transfer Certificate (Mandatory)
10. Minority Certificate (Mandatory - If applicable)
11. EWS Certificate for the year 2023-24 - 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. CAP 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 **DIRECTOR, GOVERNMENT MEDICAL COLLEGE, SIDDIPET** Amount of Rs. 29,000/- (OC, BC) and Rs. 27,000/- (SC, ST) (Mandatory)
21. 4 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 cancelled.( Mandatory)
26. Bond of Rs. 20,00,000/- (Rupees Twenty Lakhs).(Mandatory)

The above certificates will not return to him/her unless he/she completes the course as norms of KNR University of Health Sciences, Warangal, Telangana State.

**SIGNATURE**

  
**Director**  
**Govt. Medical College**  
**SIDDIPET Dist-502 103**



**GOVERNMENT MEDICAL COLLEGE : SIDDIPET: NEET – 2023 MBBS BATCH 2023-24**  
**PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON: \_\_\_\_\_**

**Should be filled by the candidate 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. (O) :  
(R) :  
( Mobile) :
8. Temporary Address of the Candidate :  
Phone No (R) :  
Mobile: :
9. Name of the college where the candidate :  
where last studied (Inter 2<sup>nd</sup> year or +2) :
10. Name of the Coaching Centre :  
(If Studied) :
11. Number of attempts of NEET :
12. After Completion of MBBS Course :  
whether you will join in :: Govt. Service / Private Service
13. Whether you wish to pursue Postgraduate :  
course if yes which speciality :

**Form – I**

**FORMAT OF UNDER TAKING BY THE STUDENT**

1. I \_\_\_\_\_ Son/Daughter of  
Mr./Mrs./Ms \_\_\_\_\_  
admitted to the course of \_\_\_\_\_) at Government Medical College, Siddipet 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 o]
5. r being part of conspiracy to promote ragging.
6. 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.
7. 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.
8. I also declare that I 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, 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, Siddipet 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 :



**BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2023-24**

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 after the date for free exit, I under take to pay KNR University of Health Sciences, a sum of **Rs.20,00,000.00/- (Rupees Twenty lakhs only)**.

**Signature of the candidate**

I, \_\_\_\_\_ (Name of the parent), parent of Mr/Ms. \_\_\_\_\_ (Name of the candidate), do hereby 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/BDS Course after joining by my son/daughter.

**Signature of the Parent**

Permanent address, & Aadhar card

No & Mobile No:

Witnesses with details of  
Permanent address  
& Aadhar card No & Mobile No:

1.

2.

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

NOTARY

**(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 Director, Govt. Medical College, Siddipet 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, Siddipet 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.: .....

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 Director, Govt. Medical College, Siddipet 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, Siddipet 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/-)**

**UNDERTAKING**

I, (Candidate name) S/o / D/o..... , bearing UG NEET 2023 Rank No ..... and  
I, (Parent name ) F/o: (Candidate name) , bearing UG NEET 2023 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 2023-24 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, SIDDIPET**

**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
	<b>TOTAL</b>	<b>29000-00</b>	<b>27000-00</b>	

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

**Hostel Fee Structure(2023-24)**

Sl. No.	Description	Amount
01.	Non-Refundable Amount	5000-00
02.	Caution Deposit (Refundable)	5000-00
03.	Rent (Rs. 600/- Per Month×12 Months)	7200-00
04.	Hostel Admission Application Fee	1000-00
	<b>Total</b>	<b>18200-00</b>

DEMAND DRAFT IN FAVOUR OF "DIRECTOR, GOVERNMENT MEDICAL COLLEGE, SIDDIPET"  
PAYABLE AT SIDDIPET 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 "KNR UNIVERSITY OF HEALTH SCIENCES, WARANGAL"  
PAYABLE AT WARANGAL"

SD/-  
Director  
Govt. Medical College  
Siddipet