



GOVERNMENT MEDICAL COLLEGE:: SIDDIPET::

:::TELANGANA STATE:::-

ADMISSIONS FOR MBBS COURSE 2024-25

UG Admission Committee :

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

SI No.	Team (A)	Team (B)	Team (C)
1	Dr.Suresh Babu, Professor, Bio-chemistry Dept.	Dr.Paramjyothi, Professor, Physiology Dept.	Dr.V.V.Shailaja, Professor, Microbiology Dept.
2	Dr.Ravi Chandra, Assistant Professor, Pathology Dept.	Dr.Desham, Assistant Professor, SPM Dept.	Dr.Amrutha Roopa, Associate Professor, Anatomy Dept.
3	Dr.P.Sadanandam, Associate Professor SPM Dept.	Dr.Simran, Assistant Professor, Pharmacology	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.G.Ashok, Senior Assistant Mob.No.9502810244
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:

CHECK LIST

Name of the Candidate:

NEET RANK

(Please note that Original set and two Xerox sets in this sequence to be submitted to College)

1	Provisional Allotment Order	Mandatory	<input type="checkbox"/>
2	Neet UG ADMIT Card-2024	Mandatory	<input type="checkbox"/>
3	Neet UG Rank Card -2024	Mandatory	<input type="checkbox"/>
4	Birth Certificate (SSC Marks Memo)	Mandatory	<input type="checkbox"/>
5	Qualifying Exam Certificate (Intermediate Marks Memo OR Equivalent - Grade Certificate Not Accepted)	Mandatory	<input type="checkbox"/>
6	Study Certificates VI to X	Mandatory	<input type="checkbox"/>
7	Study Certificates XI & XII (Intermediate)	Mandatory	<input type="checkbox"/>
8	Latest Caste Certificate with father Name	Mandatory- If applicable	<input type="checkbox"/>
9	Transfer Certificate	Mandatory	<input type="checkbox"/>
10	Gap Certificate from Tahasildar	Mandatory- If applicable	<input type="checkbox"/>
11	Minority Certificate	Mandatory- If applicable	<input type="checkbox"/>
12	EWS Certificate for the year 2024-25 Claiming Reservation under EWS Categories issued by Competent Authority (Tahsildar) of State of Telangana	Mandatory- If applicable	<input type="checkbox"/>
13	Latest Parental Income Certificate	If applicable	<input type="checkbox"/>
14	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)	<input type="checkbox"/>
15	NCC Certificate	(Mandatory - If applicable)	<input type="checkbox"/>
16	CAP Certificate	(Mandatory - If applicable)	<input type="checkbox"/>
17	PMC Certificate	(Mandatory - If applicable)	<input type="checkbox"/>
18	Anglo Indian Certificate	(Mandatory - If applicable)	<input type="checkbox"/>
19	Employment Certificate of parent (For Non-Local Status		<input type="checkbox"/>
20	College Fee DEMAND DRAFT in favor of the DIRECTOR, GOVERNMENT MEDICAL COLLEGE, SIDDIPET Amount of	Rs.29000/ OC & BC / Rs.27000/- SC & ST	<input type="checkbox"/>
21	(8) Passport Size Photos		<input type="checkbox"/>
22	Aadhaar Card Xerox Copy of the Student with self attested	Mandatory	<input type="checkbox"/>
23	Aadhaar Card & PAN Card Xerox copies of the Parents/Guardian with self attested	Mandatory	<input type="checkbox"/>
24	Form I & II (Enclosed)(to be print separate sheets)	Mandatory	<input type="checkbox"/>
25	Specimen Signature of the Candidate(Mandatory	Mandatory	<input type="checkbox"/>
26	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	<input type="checkbox"/>
27	Bond Paper of Rs.20,00,000/- (Two Pages proforma enclosed)	Mandatory	<input type="checkbox"/>

Signature of the Candidate

GOVERNMENT MEDICAL COLLEGE:SIDDIPET

Rc. No. GMC/SDPT/ACAD/2024

Date: -10-2024

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 (**Mandatory**)
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 Name
9. Transfer Certificate (**Mandatory**)
10. Gap Certificate from Tahasildar - (**Mandatory** - If applicable)
11. Minority Certificate (**Mandatory** - If applicable)
12. EWS Certificate for the year 2024-25 - Claiming Reservation under EWS Categories issued by Competent Authority (Tahsildar) of State of Telangana (**Mandatory** - if applicable)
13. Latest Parental Income Certificate (If applicable)
14. 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)
15. NCC Certificate (**Mandatory** - If applicable)
16. CAP Certificate (**Mandatory** - If applicable)
17. PMC Certificate (**Mandatory** - If applicable)
18. Anglo Indian Certificate (**Mandatory** - If applicable)
19. Employment Certificate of parent (For Non-Local Status)
20. D. D in favor of "THE REGISTRAR, KNRUHS, WARANGAL") Fee Rs. 12000/- (All India Quota) (**Mandatory**)
21. 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**)

Contd..2..,

22. (8)Passport Size Photos **(Mandatory)**
23. Aadhaar Card Xerox Copy of the Student with self attested **(Mandatory)**
24. Aadhaar Card & PAN Card Xerox copies of the Parents/Guardian with self attested **(Mandatory)**
25. Form I & II (Enclosed)(to be print separate sheets) **(Mandatory)**
26. Specimen Signature of the Candidate**(Mandatory)**
27. 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**)
28. Bond of Rs. 20,00,000/- (Rupees Twenty Lakhsonly)(2 pages).**(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

**GOVERNMENT MEDICAL COLLEGE : SIDDIPET: NEET - 2024 MBBS BATCH 2024-25 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. (Off) (Resi) (Mobile)	:	
8. Temporary Address of the Candidate Phone No (R) Mobile:	:	
9. Name of the college where the candidate where last studied (Inter 2 nd 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

Note: Print in Single Paper (One side)

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 :

Note: Print in Single Paper (One side)

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 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)

2)

Contd...2...

Note: Notary signature & Stamp this page mandatory

(TO BE FILLED BY TWO SURIITIES)

1) 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 xtent 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.:

2) 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.:

Note: Notary signature & Stamp on this page mandatory
along with sureities PAN, AADHAR and Govt. Employee ID proof
Xerox copies with self attested

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON- JUDICIAL STAMP PAPER OF RS.100/- with notary)

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 MBBS 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:

Note: This Page Notary compulsory with signature and stamp.

GOVERNMENT MEDICAL COLLEGE, SIDDIPET

New Under Graduate (MBBS College Fee Structure)-2024-25

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 (DD) in favour of :

“DIRECTOR, GOVERNMENT MEDICAL COLLEGE, SIDDIPET”

Payable at SIDDIPET from any Nationalised 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 (DD) in favour of :

“DIRECTOR, GOVERNMENT MEDICAL COLLEGE, SIDDIPET- HOSTEL FEE”

Payable at SIDDIPET from any Nationalised 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

SPECIMEN SIGNATURE OF THE STUDENT

S.No.	Name of the Student	Signature
1		
2		
3		