

::GOVERNMENT MEDICAL COLLEG, NIZAMABAD::
B.SC ALLIED COURSE BATCH 2025-2026 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.Name of the Mother & Occupation	:
6.Permanent Address of the Parents & Phone No.	:
7.Temporary Address of the Candidate & Phone No.	:
8.Name of the college where the candidate where last studied(Inter 2 nd year or +2)	:
9.After Completion of B.Sc Allied Course whether you will join in	Govt. Service/Private Service

Signature of the Candidate

::GOVERNMENT MEDICAL COLLEGE, NIZAMABAD::

CUSTODIAN CERTIFICATE

Date

This is to certify that.....

S/o or D/o.....Rank.....Roll. No.....

Coursehas surrendered with
prosecution of B.Sc AHS studies of 2025-2026 Batch.

1. Provisional Allotment Order
2. SSC Pass Certificate(Date of Birth Reference)or its equivalence
3. Intermediate or equivalence Marks memo
4. Study and Conduct Certificates VI Class to X Class
5. Study and Conduct Certificate of Intermediate
6. Caste Certificate
7. Transfer Certificate
8. Residential Certificate(Local/Non Local)
9. **D.D in favor of Principal, Govt. Medical College, Nizamabad Amount of Rs.20,000/- towards College Fee.**
10. 4 Passport Size Photos
11. Aadhar Card Xerox Copy
12. Form I&II
13. Undertaking form 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.
14. **Affidavit on Rs.20 Non Judicial stamp paper of Rs.50,000/-(Rupees Fifty Thousand Only).**
15. 2 sets of copies of All the above certificates.

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 of Authority

Form-I
FORMAT OF UNDER TAKING BY THE STUDENT

1. I _____ Son/Daughter of Mr. _____ admitted to the course of _____)at Govt. Medical College, Nizamabad 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,2025-26 (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 & 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 or being part of conspiracy to promote ragging.
5. I hereby under take that
 - (i). I will not indulge in any behavior or act that may come under the definitions of ragging as may be constituted under regulations .of the said regulations.
 - (ii). I will not participate in or a be to propagate ragging in any form included but not limited to those that may be constituted under regulations of the said regulations.
 - (iii). I will not hurt any one physically or psychologically or cause any other harm.
6. 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.
7. 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 in correct or false, my admission is liable to be cancelled/withdrawn.

Signed this on _____ Date of _____ Month of _____ Year.

Signature of the student

Name of the Student:-

Address :-

Phone no:-

Witness-I

Name:-

Signature:-

Address:-

Witness -II

Name:-

Signature:-

Address:-

Form-II
FORMAT OF UNDERTAKING BY THE PARENTS/GUARDIAN OF THE
CANDIDATE/STUDENT

1. I _____ Father/Mother/Guardian of _____ admitted to the course of _____)at Govt. Medical College, Nizamabad affiliated to Kaloji Narayana Rao University of Health Sciences, here by declare that, I have received a copy of the National Medical Commission(Prevention and Prohibition of Ragging in Medical Colleges and Institutions)regulations,2021(Here in 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 abetting ragging actively or passively or being part of conspiracy to promote ragging.
5. I here by 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 regulations .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 regulations. 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 this on _____ Date of _____Month of _____Year.

Signature of the Parent

Name of the Parent:-

Phone No:-

Address:-

Witness-I

Name:-

Signature:-

Address:-

Witness-II

Name:-

Signature:-

Address:-

AFFIDAVIT

(Non-Judicial Stamped paper of Rs.20/-)

(FOR ALL CANDIDATES)

I,.....S/o., D/o. selected for B.Sc Allied Health courses for the year 2025-26 do hereby undertake to complete the said course as per the requirements of the KNR University of Health Sciences, Warangal. In the event of my leaving the studies after joining the course or in default or any other reason,I undertake to pay to the KNR University of Health Sciences a sum of Rs. 50,000/- (Rupees fifty Thousand only) or such amount as specified by the KNR University of Health Sciences, Warangal.

Date:-

Signature of the Parent

Signature of the Candidate

Witness:

1.Name:-

Signature:

Address :-

2.Name:-

Signature:

Address:-

UNDERTAKING

I,S/o or D/o..... hereby give an under taking as below in connection with our claim with regard to certificates submitted for admission into B.Sc Allied Course for the Academic Year 2025-26 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

AadharNo:-

Address :-

Signature of the Candidate

Date:-

Place:-

