



**GOVERNMENT  
MEDICAL COLLEGE**  
NIZAMABAD, TELANGANA STATE

**ADMISSIONS FOR B.SC MLT & B.SC ALLIED HEALTH SCIENCES COURSE 2022-23**

**Admission Committee :**

1. Dr. K. Indira, Principal/Addl.DME,
2. Dr.B.V.Naga Mohan Rao, Vice Principal(Admn)
3. Dr.D.Sudhakar Babu,Vice Principal(Academic),
4. Dr.M.Kiran, Assoc.Prof & HOD of Anaesthesia
5. Dr.B.V.Rao, Professor & HOD of Pulmonary Medicine
6. Dr.B.Srinivas, Professor & HOD of General Medicine
7. Dr.G.Sujatha,Assoc.Prof & HOD of Ophthalmology
8. Dr.P.Madhu, Assoc.Prof & HOD of Radiology
9. Dr. P.L.Srinivas, Professor of Orthopaedics(For Hospital Administration)
10. Sri.T.Pruthviraj, JuniorAssistant:-Cont no. **8688801811**

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

**GOVT. MEDICAL COLLEGE: NIZAMABAD: B.SC ALLIED COURSE BATCH 2022-2023**  
**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. (O) (R) (Mobile)	:
7. Temporary Address of the Candidate Phone No (R) Mobile:	:
8. Name of the college where the candidate where last studied (Inter 2 <sup>nd</sup> year or +2)	:
9. After Completion of B.Sc Allied Course whether you will join in	: Govt. Service / Private Service

**Signature of the Candidate**

**GOVT.MEDICALCOLLEGE, NIZAMABAD**

Rc.No.GMC/ACAD/2023

Date:

**CERTIFICATE**

This is to certify that .....  
S/o.D/o.....Rank.....Roll. No.....  
..... has surrendered with prosecution of MBBS studies of 2022-  
2023Batch.

1. Provisional Allotment Order
2. SSCPassCertificate(DateofBirthReference)oritsequivalence
3. Intermediate or equivalence Marks memo
4. StudyandConductCertificateVItoXII
5. StudyandConductIntermediate
6. CasteCertificate (OBC certificate is not valid)
7. TransferCertificate
8. ResidentialCertificate(Local/NonLocal)
9. College Fee **D.D** in favor of **Principal, Govt. Medical College, Nizamabad**  
Amount of Rs.20,000/-for B.Sc Allied Health Sciences
10. 4 Passport Size Photos
11. Aadhaar Card Xerox Copy
12. Form I & II
13. Undertaking in the 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 UNDERTAKING BY THE STUDENT

1. I \_\_\_\_\_ Son/Daughter of Mr./Mrs./Ms \_\_\_\_\_ admitted to the course of \_\_\_\_\_) at Govt. Medical College, Nizamabad 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 abetting ragging actively or passively or being part of conspiracy to promote ragging.
5. 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 regulations of the said regulations.
  - (ii). I will not participate in or abet 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 anyone 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 declarations are incorrect or false, my admissions are 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 UNDERTAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1. I \_\_\_\_\_ Father/Mother/Guardian of Mr./Mrs./Ms \_\_\_\_\_ admitted to the course of \_\_\_\_\_) at Govt. Medical College, Nizamabad 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 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 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 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

**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 2022-23 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. Signature :  
Name and address in full
  
2. Signature :  
Name and address in full

**Note:- Enclose Self Attested Aadhaar of Parent**

## UNDERTAKING

I, .....S/o / D/o..... , bearing .....and I, (Parent name ) F/o: (Candidate name) , bearing UG NEET 2022 Rank No \_\_\_\_\_ hereby give an undertaking as below in connection with our claim with regard to certificates submitted for admission into B.Sc Allied Course for the Academic Year 2022-23 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:

**OFFICE OF THE PRICIPAL GOVT.MEDICAL COLLEGE, NIZAMABAD**

Rc.No.33/Acad/GMC,NZB/2023

Dt.30.01.2023

**ORDER**


**Sub:-GMC NZB- Fee Structure for B.Sc. Allied Health Sciences Courses of 2022-23  
Academic Year-Reg.**

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The Fees to be Collected for B.Sc. Allied Health Sciences Courses students  
belonging to 2022-203 batch at Govt. Medical College, Nizamabad is follows:-

<b>FEE STRUCTURE</b>			
<b>Sl.No.</b>	<b>Description</b>	<b>All</b>	<b>Frequency</b>
1	Tuition Fee	16000	Yearly
2	CDS	1000	Once
3	Library	500	Yearly
4	Caution deposit	1000	Once
5	Academic Development Fund	1000	Yearly
6	Non Government fund	500	Once
	<b>TOTAL</b>	<b>20000</b>	

**Demand Draft:** In Favour Of Principal, Govt. Medical College, Nizamabad Payable at  
Nizamabad From Any Nationalized Bank

  
Principal/Addl.DME  
Govt. Medical College  
Nizamabad  
*30/01/2023*

Copy to,  
The Vice Principal, U.G. Academic , GMC, Nizamabad  
The Assistant Director (Admin) GMC, Nizamabad  
The Administrative Officer, GMC, Nizamabad.



**GOVERNMENT OF TELANGANA  
REQUISITION FOR IDENTITY CARD  
GMC-NIZAMABAD-2022-23**

To be filled BLOCKLETTERS

Name of the Student: Department/Course:

Batch :

Date of Birth :

Blood Group :

Affix Passport  
Size Photo

Signature of Student

Full Permanent Address :  
with Pin code

Mobile No. :

Kindly Issue Identity card.

Principal/Addl.DME  
Govt. Medical College  
Nizamabad