

GOVERNMENT MEDICAL COLLEGE :NIZAMABAD,
TELANGANA STATE

ADMISSIONS FOR MBBS COURSE 2025-2026

UG Admission Committee :

1. Dr. N.Krishna Mohan, Principal/Addl.DME.
2. Dr. B.V.Naga Mohan Rao, Vice Principal Academics & HOD .
3. Dr.J.Tirupathi Rao, Vice Principal Admin.
4. Dr. K.Kishore Kumar, Vice Principal Academics,
5. Dr. Syeda Amtul Maqueeth. Professor & HOD Dept of Microbiology ,
6. Dr. D.Chandra Shekar Professor & HOD Dept of Anatomy,
7. Dr. Mudassar Mirza , Professor & HOD Dept of Physiology,
8. Dr. P.V.Ramana Professor & HOD Dept of Pathology,
9. Dr.Mohd.ImranAli, Associate Prof I/c HOD Pathology.
10. Dr.G.Rachal Raveena Paul Associate Prof in Anatomy I/c HOD.
11. Dr.Swathi Associate Prof in Biochemistry.
12. Sri. E.Madhusudhan, I/c Assistant Director.
13. Sri. Ravi Chandra, Senior Assistant (UG/ Section Clerk).

For Queries and Information :

1. Sri.Ravi Chandra, Senior Assistant.:-**(UG Section Clerk): 7095584777**

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 this year (December 2024/January-2025) by the medical board of Medical counseling 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:

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED AT THE TIME OF ADMISSION:

1. Provisional Allotment Order
2. NEET Hall Ticket
3. NEET Rank Card
4. SSC Pass Certificate (Date of Birth Reference) or its equivalence
5. 12th /Intermediate or equivalence Pass Certificate
6. Study and Conduct Certificate VI to X
7. Study and Conduct Intermediate/12th
8. Transfer Certificate
9. Migration
10. Latest Caste Certificate with father name
11. Residential Certificate of candidate or parent issued by MRO/Tahsildar of Telangana /A.P for period of 10 years (period to be specified with exact month and year) excluding period of study or employment outside the state(Local/NonLocal)
12. Employment certificate of the parent (for non -local status)
13. Minority certificate (if applicable).
14. EWS Certificate for the year 2025-26 issued by Tahsildar of state of Telangana (If applicable).
15. Latest parental income certificate (if applicable)
16. NCC certificate / CAP certificate / PMC certificate / Anglo Indian Certificate (if applicable).
17. PWD certificate (If Applicable) **certificate issued this year by the medical board of Medical counseling committee authorized centres.**
18. D.D infavorof“**THE REGISTRAR, KNRUHS, WARANGAL**”) Fee Rs. 12000/- (All India Quota)
19. College Fee OnlinePayment/ **D.D**in favor of “**The Principal Government Medical College Nizamabad**” Amountof Rs.29,000/- (OC,BC)andRs.27,000/- (SC,ST) (if payment through online mode copy of the transaction ID).
20. 4 Passport Size Photos
21. Aadhaar Card Xerox Copy
22. Form I & II
23. GAP certificate (if Applicable)
24. 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.
25. BondofRs.20,00,000/- (RupeesTwentyLakhs).
26. 2 sets of Copies of All certificates and Bonds.
27. Processing charges Rs. 2000/- (Two Thousand Only) 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 return to him/her unless he/she completes the course as norms of KNR University of Health Sciences ,Warangal ,Telangana State.

GOVERNMENT MEDICAL COLLEGE: NIZAMABAD: NEET-2025 MBBS BATCH 2025
PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON: _____

Should be filled by the candidate own hand writing:

1. Full Name of the Candidate :
(In block letters as per Intermediate Certificate)
2. Date of Birth and Age (As per SSC certificate) :
3. Gender :
4. Name of Father :
5. Occupation, Literacy Status of Father :
6. Name of the Mother :
7. Occupation, Literacy Status of Mother
8. Temporary Address :
9. Permanent Address
10. Parents Phone No.
(O)
(R)
(Mobile)
11. Contact Details of Guardian / Phone No : :
12. Name of the college where the candidate
Last studied (Inter 2nd year or +2) :
13. Number of attempts of NEET / Local status :
14. Any significant medical history (epilepsy / Heart disease :
/ Any condition under treatment, etc.,)
15. Hobbies / Special talents :

Signature of the Parent / Guardian

Form-I

FORMA TO FUNDERTAKING BY THE STUDENT

1. I _____(*Full name in BLOCK LETTERS*)_____Son/Daughter of Mr./Mrs./Ms _____(*Full name in BLOCK LETTERS*)__ admitted to the course of _____)at Government Medical College Nizamabad with _____ At Government 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, 2023 (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.And4. 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 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 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 this 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 UNDERTAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1. I _____ (Full name in BLOCK LETTERS) _____ Father/Mother/Guardian of Mr./Mrs./Ms _____ (Full name of Student in BLOCK LETTERS) _____ admitted to the course of _____ at Government 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 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 declarations are incorrect or false, his/her admissions are 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

(Non-Judicial Stamp paper for Rs.100/-)

UNDERTAKING

I, Mr/Ms. _____
S/o:D/o: _____ selected for MBBS/BDS
Course do hereby undertake to complete the course as per the requirements of KNR University of Health
Sciences, in the event of my discontinuing the studies after joining the course after the date for free exit, I
undertake to pay to KNR University of Health Sciences, a sum of Rs. **20,00,000(Rupees Twenty Lakhs
only)**.

Signature of the Candidate

I, Mr/Mrs. _____ parent of
Mr/Ms. _____ do here by undertake to pay to KNR University of Health Sciences, a
sum of **Rs. 20,00,000 (Rupees Twenty Lakhs only)**. in case of discontinuation of MBBS/BDS Course
after joining after the date for free exit by my Son/Daughter.

Date:

Signature of Parent

Witness:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

Sureties by Income Tax Payees / Gazetted Officers only.

(TO BE FILLED BY TWO SURETIES)

(1.)In consideration of the Surety Bond executed by the student(Mr./Ms. _____Son of/daughter of _____ resident of infavor of The Registrar, KNRUHS,Warangal and the Principal of Government Medical College, Nizamabad to a sum of Rs.20,00,000/-only(Rupees Twenty lakhs only),

I _____here by 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 Government Medical College, Nizamabad 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.:.....

(2.)In consideration of the Surety Bond executed by the student (Mr./Ms. _____Son of/daughter of _____ resident of infavor of The Registrar, KNRUHS,Warangal and the Principal of Government Medical College, Nizamabad to a sum of Rs.20,00,000/-only (Rupees Twenty lakhs only),

I _____here by 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 Government Medical College, Nizamabad 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-JUDICIALSTAMP PAPERS OF RS.100/-)

UNDERTAKING

I, (Candidate name) S/o / D/o..... , bearing UG NEET 2025 Rank Noand
I, (Parent name) F/o: (Candidate name) , bearing UG NEET 2025 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 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

Signature of the Candidate

Aadhar No.

Address :

Date:

Place:

GOVERNMENT MEDICAL COLLEGE : NIZAMABAD
UG/MBBS ADMISSION FEE STRUCTURE (2025-26)

Sl. No.	Description	OC/BC	SC/ST	Frequency
Sl.No	Description	OC/BC	SC/ST	Frequency
01.	Tution Fees	10000-00	10000-00	Yearly
02	CDS	5000-00	5000-00	OneTime
03	E-Library	2000-00	2000-00	Yearly
04	Central Stores	2000-00	2000-00	OneTime
05	Library Fee	2000-00	2000-00	Yearly
06	Caution Deposit	3000-00	3000-00	OneTime
07	Academic Development Fund	3000-00	1000-00	OneTime
08	Non-Government Fund	2000-00	2000-00	OneTime
	Total	29000-00	27000-00	

**DEMAND DRAFT IN FAVOUR OF“Collage bank details”FROM ANY NATIONALIZED BANK.
HOSTEL FEE STRUCTURE(2025-2026)**

Sl. No.	Description	Amount
01	Non-Refundable Amount	5000-00
02	Caution Deposit(Refundable)	5000-00
03	Rent(1000/-per Month x12 Months	12000-00
04	Hostel Admission Application Fee	1000-00
	Total	23000-00

**DEMAND DRAFT INFAVOUR OF“College bank details ”FROM ANY NATIONALIZED BANK.
University Fees (For AIQ Students Only)**

Sl.No	Description	Amount
01	University Fee(as per university guidelines)	12000-00

**DEMAND DRAFT IN FAVOUR OF “The Registrar, KNR University of Health Sciences,
Warangal” PAYABLE AT WARANGAL”**

D.D/s IN FAVOUR OF

**The Principal Government Medical College
Nizamabad.ACCOUNTNO: 038710100114461**

IFSCCODE: UBIN0803871

UNION BANK OF INDIA GODOWN ROAD BRANCH NIZAMABAD

GOVERNMENT OF TELANGANA
REQUISITION FOR IDENTITY CARD
GMC-NIZAMABAD-2025-26

To be filled BLOCK LETTERS

Name of the Student :

Course:Batch :

Date of Birth :

Blood Group :

Affix Passport
Size Photo


Signature of Student

Full Permanent Address
:
with Pin code

MobileNo.

Kindly Issue Identitycard.

Principal
Government Medical College
Nizamabad

		NAME & ADDRESS OF THE COLLEGE (As per College Letter Head)		Photo
DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC YEAR 2025-2026				
S.No.:	NEET Rank :	NEET Roll NO :	KNRUHS Merit :	
Student Name:				
Father's Name:			Gender:	
Address:				
Category/Caste:		Local/Non-Local:		
		DOB (DD/MM/YYYY):		
Qualifying Examination Board:		Allotted Quota (AIQ, CQ, MQ) :		
Allotted Details as per KNRUHS Allotment Letter:				
Site/College Code:				
Mobile Number (10 Digits Only):				
Email ID:				
Aadhaar Number:				
Total Marks Obtained in Eligibility Exam:			Maximum Marks in Eligibility Exam:1000	
Identification Marks (As per SSC/Birth Certificate)	1)			
	2)			
Signature of the Candidate		Signature of the Principal along with the Official Seal		

KNRUHS DETAILS		
1	NEET ROLL NUMBER	
2	NEET RANK	
3	STUDENT NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
4	FATHER NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
5	MOTHER NAME (AS PER INTERMEDIATE CERTIFICATE/ EQUIVALENCE)	
6	GENDER	
7	ADDRESS	
8	DOMICILE STATE OR UT (YOUR NATIVITY OR PERMANENT ADDRESS)	
9	CATEGORY OC SC ST BCA BCB BCC BCD BCE EWS OTHERS FOR CANDIADTES JOINED IN AIQ WHOSE CATEGORY IS OBC- PLEASE SELECT OTHERS IN CATEGORY LIST	
10	LOCALITY OU- (Telangana Region) AU- (Andhra Region) SVU- (Rayalaseema Region) NL- (Non Local)	
11	SERVICE CANDIDATE (YES OR NO) TYPE NO IF YOU ARE UG(MBBS) STUDENT	
12	DOB (DD/MM/YYYY)	
13	ALLOTED QUOTA:- CQ- COMPETENT AUTHORITY QUOTA AIQ- ALL INDIA QUOTA STRAY	
14	PHASE :- P1 P2 P3- Aka Mop Up P4 P5 P6 STRAY Those Who Got Government Medical College Nizamabad In P1 And Applied For Sliding And Got Government Medical College Nizamabad Again In P2 Must Select P2 Not P1	

15	ALLOTTED LOCALITY LOC- Local UNR- Unreserved Region AIQ- All India Quota	
16	ALLOTTED CATEGORY OC SC ST BCA BCB BCC BCD BCE EWS OBC	
17	ALLOTTED SPL CATEGORY NCC CAP PHO NA NA- NOT APPLICABLE	
18	MOBILE NUMBER (10 DIGITS ONLY)	
19	EMAIL ID(EX: XXXXXX@GMAIL.COM)	
20	AADHAR NUMBER (12 DIGITS)	
21	SSC /CBSE /ICSE(X) HALL TICKET NUMBER	
22	SSC /CBSE /ICSE(X) Month and year of pass	