OFFICE OF THE PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, NIZAMABAD

Contact Details: Admission into PG MD/MS Academic Year 2025-2026.

Sl.No.	Name	Designation	Mobile No.	Contact Timings
1	Dr.K.J.Kishore Kumar	Vice Principal (Academic)	9348955966	10.30 AM to 5.00 PM in working days.
2	Dr.J.Thirupathi Rao	Vice Principal (Admin)	7799077910	
3	Sri.G.Gangadhar	Office Superintendent	9848619925	
4	B.Govind	Junior Assistant	8074891308 / 9441201087	

Fee Details:

Sl.No.	University Fee	College Fee	Equivalence Fee
1	Rs.29,600/-	Rs.25,000/-	Other State: Rs.5000/-
			Other Country: Rs.7000/-

University Fee: Demand Draft in favor of "Registrar, KNRUHS, Warangal"

College Fee: Demand Draft in favor of "Principal Govt. Medical College, Nizamabad"

Further Any Clarification Sent Email To: gmc_nizamabad@yahoo.com

Bonds Required: Non-Judicial Papers for Rs.100, Bonds 3 required Bond Matter as follows.

ANNEXURE - II

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

(FOR ALL CANDIDATES)

I, Dr.....selected for Post Graduate Degree/Diploma for the year 2025-26 do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to the KNR University of Health Sciences a sum of **Rs.50,00,000/- (Rupees Fifty lakhs only)** and refund the amount received as stipend/salary up to that date to Government.

DATE :
Sureties :

Signature of the Candidate

1. Signature :
   Name and address in full

Name and address in full

2. Signature :
   Name and address in full

2. Signature of parent:
   Name and address in full

N.B. : The Bond format shall be typed on the Non Judicial stamped paper.

PROFORMA OF AGREEMENT BOND FOR CANDIDATES ADMITTED TO PG MEDICAL COURSES 2025-26

THIS DEED OF BOND IS EXECUTED AT_____ ON THIS DAY OF BY

Name:_____ S/O, D/O, W/O _____

Residing At (Permanent Address):_____

_____

Mobile No:_____

mail Id:_____

AADHAR NO._____

TO IN FAVOUR OF PRINCIPAL _____COLLEGE

WHEREAS the Party of the FIRST PART have applied for admission to PG Medical course In Telangana State and the Party of the FIRST PART has been selected to the said course.

As per the GO.Ms.No.155, HM&FW (C1), Department, Dated:18-11-2021 and the Prospectus of KNRUHS, the Party of the FIRST PART has agreed to serve the Government of Telangana at any of the Government Institutions as per the orders of State Government for a period one year (For Non Service Candidates) after successful completion of the PG course and on such failure of not completing the full bond period of service, the Party of the FIRST PARTshall forthwith pay a sum of Rs. 20,00,000 for PG Degree and Rs. 10,00,000 for PG diploma course

AND WHEREAS for the better protection of the Government, the Party of the FIRST PART has agreed to execute the bond with 2 sureties who are Government Gazetted Officers/ Income Tax assesses to stand guarantee for the above said amount.

AND WHEREAS the Party of the FIRST PART have also agreed that on successful completion of the Post graduation course, the Party of the FIRST PART shall successfully complete the requisite bond period of one year service or pay to the Government of Telangana (Director of Medical Education) on demand the sum of Rs. _____ Lakh only) and on such default together with interest at Government rates thereon from the date of demand on the said amount.

The Party of the FIRST PART_____or his/ her legal heirs, executors and administrators shall forthwith pay to the Government on demand the said sum of Rs._____/ -(Rupees_____Lakh only) together with interest in the event of default by the Party of the FIRST PART.

AND upon the Party of the FIRST PART_____or 1._____or 2._____

The sureties aforesaid making such payment, the above written bond shall be void and be of no effect, otherwise it shall remain in force and virtue

PROVIDED always that the liability of the sureties hereunder shall not be impaired or discharged by reasonable time being granted or by any forbearance, act or omission of the Government or any person authorized by them (Whether with or without the consent knowledge of the sureties) nor shall it be necessary for the Government to sue the Party of the FIRST PART before suing the sureties

1._____

2._____

Or any of them for the amount due hereunder

This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

This bond is exempted from stamp duty, under Article 57 of Schedule- I of the Indian Stamp Act, 1899. (Central Act II of 1899)

NOW THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1. The Party of the FIRST PART has agreed to serve the Government of Telangana for a period of one year on successful completion of the PG course and in the event of default the Party of the FIRST PART shall pay forthwith a sum of Rs._____ Lakhs only) to the Government of Telangana (Director of Medical Education).

2. For the aforesaid amount of Rs. lakhs only the event of such default till payment of Rs. Lakhs only) is paid to the Government of Telangana

Signed and Dated at _____

_____,

on this the _____day of _____

Signed and delivered by the Party of the FIRST PART_____

Signature of the Candidate:

PAN No. of Surety 1 : Aadhar No.

Signed and delivered by the Surety _____

Signature of the Surety with seal._____

In the presence of :

Witness 1. Witness 2

Name: Name:

Address: Address:

Signature Signature

PAN No. of Surety 2 :

Aadhar No.

Signed and delivered by the Surety _____

Signature of the Surety with seal._____

In the presence of :

Witness 1. Witness 2

Name: Name:

Address: Address:

Signature Signature

ACCEPTED

For and on behalf of any of the order and direction of the Government of Telangana .

Date :

Station : Principal

_____ Medical College

भारतीय गैर न्यायिक

एक सौ रुपये Rs. 100

ONE HUNDRED RUPEES

रु. 100

भारत INDIA

INDIA NON JUDICIAL

AB 886153

S.SANDEEP REDDY
LICENCED STAMP VENDOR
L.No.18-10-08/2017, Renewal No.18-10-024/2020
K.J.R Appartment Flat No.505, MUBARAKNAGAR
NIZAMABAD, Cell: 7995570498

తెలంగాణ తెలంగాణా TELANGANA

Sl.No. ____ Date : _____ Rs.100/-

Sold To: _____

R/o : _____

For Whom : _____

UNDERTAKING

I, _____

AND

I, _____

Hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into PG Medical courses for the academic year 2025-26 in colleges affiliated to KNR University of Health Sciences Warangal We, hereby declare that all our certificates are genuine.

I am aware that if the submitted relevant certificates (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

Aadhaar No:

Address:

Date:

Signature of the Candidate

Place: Nizamabad

Date _____

The certificates in **ORIGINAL** and Two (2) set of **XEROX copies** are to be submitted in the following order.		
NAME :	**NEET Roll No.**	**NEET Rank:**

S.NO.	**CERTIFICATE**
1	**NEET HALL TICKET**
2	**NEET RANK CARD**
3	**FINAL ALLOTMENT ORDER ISSUING BY KNRUHS/MCC**
4	**SSC/10TH CERTIFICATE**
5	**INTERMEDIATE CERTIFICATE(10+2)**
6	**ORIGINAL DEGREE CERTIFICATE** (FOR PG STUDENTS)
7	**INTERNSHIP COMPLETION CERTIFICATE** (FOR PG STUDENTS)
8	**TRANSFER CERTIFICATE**
9	**MBBS FINAL MARKS MEMO & BONAFIEDS (** SCHOOL , INTER & MBBS **)**
10	**TS MEDICAL/DENTAL COUNCIL REGISTRATION CERTIFICATE** (FOR PG STUDENTS)
11	**CATEGORY CERTIFICATE**
12	**EQUIVALENCE FEE DETAILS** (FOR STUDENTS WHO STUDIED IN OTHER THAN KNRUHS, DR. NTRUHS(YSRUHS) AND AIIMS BIBINAGAR- FOR PG ONLY)
13	**MIGRATION CERTIFICATE**
14	**SERVICE CERTIFICATE** (FOR PG STUDENTS SELECTED UNDER SERVICE CATEGORY)
15	**GAP CERTIFICATE** (ISSUED BY TAHSILDAR/MRO) (OPTIONAL)
16	**BONDS** (DISCONTINUATION BOND, GENUNITY BOND, SR-SHIP BOND (FOR PG ONLY))
17	ANY OTHER RELEVANT CERTIFICATES

NOTE:-1. CERTIFICATES SHALL BE SUBMITTED IN THE ABOVE MENTIONED ORDER. THIS IS FOR STRICT COMPLIANCE.

SIGNATURE OF CERTIFICATES
VERIFICATION OFFICER

Principal
Govt. Medical College
Nizamabad

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506002	**GOVERNMENT MEDICAL COLLEGE, NIZAMABAD,** Phone.No.08462-221999, Pin.503001 Email ID: gmc_nizamabad@yahoo.com Website: www.gmcnzb.org	

DETAILS OF THE CANDIDATE ADMITTED INTO PG (MD/MS & DIPLOMA) COURSE FOR THE ACADEMIC YEAR 2025-26

S.No.:	**NEET Rank :**	**NEET Roll NO :**	**KNRUHS Merit :**

Student Name (Block Letters, AS PER MBBS CERTIFICATE) :	
Father's Name:	**Gender:**
Address:	
Category/Caste:	**Local/Non-Local:**
	DOB (DD/MM/YYYY):
AWARD(DEGREE/DIPLOMA):	**SERVICE/NON-SERVICE:**
Qualifying Examination Board: NBEMS, NEW DELHI	**Allotted Quota (AIQ, CQ, MQ) :**
Allotted course:	**Allotted region:**
Allotted Details as per KNRUHS Allotment Letter:	
Site/College Code:017	
College name as per letter head:	
Name of the Institution last studied:	
Date Of Completion Of Internship:	
Mobile Number (10 Digits Only) self: **Mobile Number (10 Digits Only) Parent:**	
Email ID:	
Aadhaar Number:	
Total Marks Obtained in Eligibility Exam:	**Maximum Marks in Eligibility Exam:**
Identification Marks (As per SSC/Birth Certificate)	**1)**
	2)
Signature of the Candidate	**Signature of the Principal along with the Official Seal**