GOVERNMENT MEDICAL COLLEGE / SINGARENI INSTITUTE OF MEDICAL SCIENCES : RAMAGUNDAM

TELANGANA STATE

ADMISSIONS FOR UG COURSE 2026-2027

UG Admission Committee:

For Queries and Information :

1. Dr.T.P.Dayal Singh, Principal :9849024007
2. Dr.G.Rekha, Vice Principal, Ph: 7801069344
3. Sri.J.Ravinder, Administrative Officer, Ph: 6300787244
4. Sri.M.Chandra Shekar, Office Superintendent, Ph: 8886443937
5. Sri.G.Akhilraj, Junior Assistant, Ph: 9701668368

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

- For allotment under PWD quota, certificate issued from University Medical Board/ Physical Disability Certificate issued by Competent Authority as specified by MCC (If Applicable).

NOTE:

1. All the candidates who have been allotted MBBS seats in UG counseling, in this institute are hereby directed to submit the following documents: ORIGINALS and 3 sets of Xerox Copies of ALL certificates and Bonds (duly Self attested).
2. All payments to be made in the form of Demand Draft in favor of "**PRINCIPAL, SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM**" Payable at GODAVARIKHANI (Any Nationalized Bank)
3. **DISCONTINUATION BOND (NOTARY):**
   a) Sureties to be given by Income Tax Payees/Gazetted Officers only
   b) Parents/Guardian **CANNOT** give the surety for their own children getting admitted in MBBS course
   c) It is **MANDATORY** for surety given to attach Xerox Copy of PAN CARD and ADHAAR CARD (Self attested)
   d). Witness and Surety Given should be different individuals.

CERTIFICATES REQUIRED TO BE SUBMITTED AT THE TIME OF ADMISSION

1. Provisional Allotment Order (Original). (Mandatory)
2. NEET Hall Ticket. (Mandatory)
3. NEET Rank Card/Score Card UG 2026.(Mandatory)
4. Receipt of Original certificates verified at center (Original). (Mandatory)
5. Date of Birth Certificate –SSC Marks Memo (Original). (Mandatory)
6. Intermediate or equivalence Pass Certificate Small/Long Memo (Grade certificate not Accepted)
7. **EQUIVALENCE CERTIFICATE**(It is Mandatory for all Non –Local candidates except CBSE Candidates have to obtain Equivalence Certificate Issued by State Board of Intermediate Education, Telangana) –check TSBIE Website
8. Study and Conduct Certificate (VI to X) (Original). (Mandatory)
9. Study and Conduct of Intermediate (Original). (Mandatory)
10. Latest Caste Certificate from Tahsildar (for SC Candidates must mention SC Sub Group i.e. Sc Group 1/ S Group 2/ SC Group 3 for state quota students (Original). (Mandatory)
11. Transfer Certificate issued by recently attended school/college (Original). (Mandatory)
12. Migration Certificate (Original). (Mandatory)

13. Candidate who have not studied in the any educational Institutional have to submit Residence certifica candidate or either parent issued by MRO / Tahasildar of Telangana/AP for a period of Four years perio immediately preceding the qualifying Examinations (Period to be specified with exact month and year) (Mandatory If applicable)
14. EWS Certificate for the year 2026-27 claiming reservation under EWS Categories issued by Competent Authority (Tahsildar) (on or after 01.04.2026) (Mandatory If applicable)
15. OBC Certificate issued by the Tahsildar, SDM or District Magistrate in the Standard Central Government format (on or after 01.04.2026) (Mandatory If applicable)
16. Latest Parental Income Certificate from Tahsildar (on or after 01.04.2026) (Mandatory If applicable)
17. CAP/PMC/NCC Certificate (Mandatory If applicable)
18. Minority Certificate from Tahsildar (Mandatory If applicable)
19. GAP Certificate issued by Tahsildar/Institute (If applicable).
20. Anglo India Certificate (If applicable).
21. PWD Certificate issued by Medical Board of MCC authorized Centers (Mandatory If applicable)
22. Self – Certified affidavits in the format provided under Schedule-I
23. Family income proof for SC/ST/OBC category candidates for claiming of fee exemption.
24. **COLLEGE FEE :**

For All India quota : Rs 12000/- in shape of D. D (from any SBI Branch) in favour of "**THE REGISTRAR, KNRUHS, WARANGAL**" payable at **WARANGAL**

For All India Quota & State Quota : Rs 29000/- (OC/BC& Others), Rs.27,000/-(SC/ST) in shape of D.D (from any Nationalized Bank) in favor of "**PRINCIPAL, SINGARENI INSTITUTE OF MEDICAL SCIENCESRAMAGUNDAM" Payable at Godavarikhani**.

For All India Quota & State Quota Hostel Fee: Rs 23000/- in shape of D.D (from any Nationalized Bank) in favor of "**PRINCIPAL, SINGARENI INSTITUTE OF MEDICAL SCIENCES RAMAGUNDAM"Payable at Godavarikhani .**

25. Form I &II-Anti Ragging declaration(both by student & Parent)
20. Under taking in the form of Affidavit-Notarized on Rs.100 Non Judicial stamp paper by the parent an candidate stating that all the certificates including the caste and category certificates are **genuine**
21. Undertaking in the form of Affidavit-Notarized on Rs.100 Non Judicial stamp of Rs. 20,00,000/- (Rupe Twenty Lakhs only) regarding **Discontinuation** of course
22. Undertaking Declaration of against Drug Abuse (Mandatory)
22. 4 Passport Size Photos, 1 Stamp Size Photo and 2 sets of Xerox Copies of ALL certificates and Bonds
23. Aadhaar Card (Xerox Copy)& (**1 File Folder**).

NOTE: The above certificates will **NOT** be returned to him/her unless he/she completes the course as per norms KNR University of Health Sciences,Warangal - Telangana State.

Form–I (ANTI RAGGING UNDERTAKING)

FORMAT OF UNDER TAKING BY THE STUDENT

a. I_____(*Full name in BLOCK LETTERS*)_Son/Daughter of Mr./Mrs./Ms_____(*Full name in BLOCK LETTERS*)admitted to the course of UG 2026-27 Batch) at GOVERNMENT MEDICA COLLEGE/SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM WIT _____Admission number, affiliated to Kaloji Narayana Rao University of Health Sciences, have receive a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medica Colleges and Institutions) regulations, 2021 (Herein after referred to as the said regulations).

b. I have carefully read and fully understood the provisions in the said regulations.

c. I have particularly perused the provisions of regulations 3. And 4.of the said regulations and have fully understood what constitutes–ragging.

d. 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.

e. 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 regulation3 of the said regulations.
   ii. I will not participate in or abetorpropagate ragging in any form included but not limited to those that may be constituted under regulation3.of the said regulations.
   iii. I will not hurt any one physically or psychologically or cause any other harm.

f. 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 forthe time being in force.

g. I also declare that I have never been found to be guilty of ragging or a betting 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 admissionsisliable to be cancelled/withdrawn.

Signed on this_____day of_____month of_____year.

Signature

Name of the Student Address
Phone no.

Witness I
Name and SignatureAddress

Witness II
Name and SignatureAddress

Form–II

FORMATOFUNDERTAKINGBYTHEPARENTS/GUARDIANOFTHECANDIDATE/STUDENT

1. I_____(*Full name in BLOCKLETTERS*)_____
_Father/Mother/Guardian of Mr./Mrs./Ms_____(*Full name of Student in BLOCK LETTERS*)_____admitted to the course of_____) at GOVERNMENT MEDICAL COLLEGE/SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM with Admission number 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 regulations3 .And4. of the said regulations and have fully understood what constitutes–ragging.
4. I have alsoinparticular perused the provisions of chapterIV 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 promoteragging.
5. I here by undertake that myson/daughter/ward
   (i). Will not indulge in any behavior or act that may come under the definitions of ragging as may be constituted under regulation3.of the said regulations.
   (ii). Will not participate in or abetorpropagate 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 any one 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 a betting 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.

WitnessI
Name and Signature
Address

Witness II
Name and Signature
Address

KNRUHS DISCONTINUATION BOND

(Non-JudicialStamppaperforRs.100/-)

UNDERTAKING

I, Mr./Ms._____ S/D/o:_____

_____selected for MBBS Course do here by undertake to complete the course as per the requirements of KNR University of Health Sciences. Telangana Warangal. In the event of my discontinuing the studies after joining the course are after the date of announcement of second phase admission, Iundertake to pay to KNRUniversity of HealthSciences, 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 in to 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 M.s No. 125, 126, 127 HM&FW Dept. Dated: 22-09-2022.

Signature of the Candidate

I,Mr./Mrs._____Parent of

Mr/Ms._____ do here by undertake to pay The Registrar, 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 the date of announcement of second phase of admission by my Son/Daughter and I am aware that Son/Daughter will be debarred for three years for admissions 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 M.s No. 125, 126, 127 HM&FW Dept. Dated: 22-09-2022.

Signature of Parent

Date:

Witness:

1. Signature:
Name and Address in full.

2. Signature:
Name and Address in full.

(TOBEFILLEDBYTWOSURITIES)

(1.)In consideration of the Surety Bond executedby the student(Mr./Ms. _____Son of/daughter of_____resident of_____in favor of The Registrar,KNRUHS,Warangal and the Principal of GOVERNMENT MEDICAL COLLEGE/SINGARENI INSTITUTE OF MEDICAL SCIENCES,RAMAGUNDAM to a sum of Rs.20,00,000/- only(RupeesTwentylakhsonly),

I _____hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. Incase the student fails to pay on demand a sum of Rs.20,00,000/-only (RupeesTwenty lakhs Only), I, the said surety, shall, without any objection, pay the said due amount to the GOVERNMENT Medical College/SINGARENI INSTITUTE OF MEDICAL SCIENCES,RAMAGUNDAM on demand.

I the said surety do solemnly affirm that Iam so lvent to the extent of the amount of surety and Ihave 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 Principal of GOVERNMENT MEDICAL COLLEGE/SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM 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. Incase the student fails to pay on demand a sum of Rs.20,00,000/-only(RupeesTwenty lakhs Only), I,the said surety, shall, with out any objection, pay the said due amount to the GOVERNMENT Medical College/SINGARENI INSTITUTE OF MEDICAL SCIENCES RAMAGUNDAM on demand.

I the said surety do solemnly affirm that I am solvent to the extent of the amount of surety and Ihave been regularly filing income tax return.

Signature.....
Name of the Surety.....
Present Address:.....
.....Pin.....
Permanent Address:.....
.....Pin.....
Aadhaar No..:.....
PANNo.
Mobile No.:.....

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT(ONNON-JUDICIALSTAMP PAPERSOF RS.100/-)

UN DE RT AKI NG

I, (Candidate name) S/o / D/o..... , bearing UG NEET 2026 Rank No ..... and I,(Parent name)F/o:(Candidate name), bearing UG NEET 2026 Rank No_____here by give an undertaking as below in connection with our claim with regard to certificates submitted for admission into UG Medical Course for the Academic Year2026-27 in College affiliated to KNRUniversity of Health Sciences.

We, here by declare that all our **certificates are genuine**.

I am aware that if the submitted relevant certificate(s) is/ arefound to be not genuine at alaterdate, my admissionisliable to be cancelled and Iamliable for criminal prosecution, as may belegally deemedfit. Further Iagree 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 Candidate

Signature of the Parent/Guardian

Aadhaar No.

Address:

Date:
Place:

UNDERTAKING / DECLARATION AGAINST DRUG ABUSE

We, the undersigned, hereby solemnly affirm and undertake the following:

1. The student shall not consume, possess, procure, manufacture, transport, distribute, sell, purchase, promote or engage in any activity relating to narcotic drugs, psychotropic substances or any other prohibited intoxicating substances during the period of study in the College/University.
2. The student shall abide by the provisions of the Narcotic Drugs and Psychotropic Substances Act, 1985, the Rules made thereunder, the Regulations of Kaloji Narayana Rao University of Health Sciences, Government Orders, and all instructions issued by the University/College from time to time.
3. The parent/guardian undertakes to monitor the conduct and activities of the student and extend full cooperation to the College and the University in maintaining a drug-free campus and preventing drug-related activities.
4. We understand that any involvement of the student in drug-related activities shall be treated as a serious act of misconduct and may result in disciplinary action, including suspension, cancellation of admission, expulsion from the institution, withholding of certificates, and/or initiation of legal proceedings under the applicable laws, without prejudice to any other action that may be taken by the competent authorities.
5. We further declare that the information furnished herein is true and correct to the best of our knowledge and belief, and we agree to abide by this undertaking throughout the period of study.

Name of the Student:
NEET Roll No:
Course:
College:
Academic Year:

Name of Parent / Guardian:
Relationship with Student:
Address:
Mobile No.:

Signature of the Student

Signature of the Parent / Guardian

Place:

Date:

(TOBEFILLED

GOVERNMENT MEDICAL COLLEGE/SINGARENI INSTITUTE OF MEDICAL SCIENCES,RAMAGUNDAM

New Under Graduate(2026-27) (MBBS College Fee Structure)

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 IN FAVOUR OF **"PRINCIPAL SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM PAYABLE AT GODAVARIKHANI** FROM **ALL NATIONALIZED BANKS** ONLY.

Hostel Fee Structure (2026-2027)

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 IN FAVOUR OF **"PRINCIPAL SINGARENI INSTITUTE OF MEDICAL SCIENCES, RAMAGUNDAM PAYABLE AT GODAVARIKHANI** FROM **ALL NATIONALIZED BANKS** ONLY.

University Fees (For AIQ Students only)

Sl.No.	Description	Amount
01.	University Fees	Rs.12000-00

DEMAND DRAFT IN FAVOUR OF" **THE REGISTRAR, KNR UNIVERSITY OF HEALTH SCIENCES, WARANGAL" PAYABLE AT WARANGAL"**

Principal /Addl.DME
Govt. Medical College/SIMS,
Ramagundam.