



GOVERNMENT MEDICAL COLLEGE: **JANGAON: TELANGANA:**



ADMISSIONS FOR MBBS COURSE 2025-2026

UG Admission Committee:

1. Dr. K. Nagamani, Principal / Dean (Chairman).
2. Dr. Mohd. Anwar miya, Professor & HOD Pathology (Co-Ordinator).
3. Dr. I. Sridhar, Professor of Pharmacology (Vice Principal Academic).
4. Dr. R. Jitendra, Professor & HOD Anatomy (Vice Principal Admn).
5. Dr. O. Padmini, Professor & HOD Physiology.
6. Dr. G. Jyothi Lakshmi, Professor & HOD of Microbiology.
7. Dr. Bhanuja Rani, Professor & HOD of Biochemistry.
8. Srimati. J. Vijaya, Assistant Director (Asst. Co-Ordinator).
9. Sri. Ch. Surya Prakash Rao, Administrative Officer (Academic).
10. Sri. S. Srinivasan, Office Superintendent (Academic).
11. Sri. N. Gopinath, Office Superintendent (Establishment, Planning & Accounts).

For Queries and Information:

12. Sri. Ch. Surya Prakash Rao, Administrative Officer (Academic). Cell No. 7989491292.
13. Sri. S. Srinivasan, Office Superintendent (Academic). Cell No. 9542554280.
14. Sri. N. Gopinath, Office Superintendent (Hostel). Cell No. 7989204819.
15. Sri. Ch. Vamshi Krishna, Junior Assistant (Academic). Cell No. 9010139349.
16. Sri. J. Ramesh, Junior Assistant (Hostel). Cell No. 8008495778.

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 counselling committee authorized centers**

All the candidates who have been allotted MBBS seats in UG counselling, in this institute are hereby directed to submit the following documents:

I. 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. Latest Caste Certificate with father name
10. 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 / Non Local)
11. Employment certificate of the parent (for non -local status)
12. Minority certificate (if applicable).
13. EWS Certificate for the year 2024-25 issued by concerned Tahsildar of state of Telangana (If applicable).
14. Latest parental income certificate (if applicable)
15. NCC certificate / CAP certificate / PMC certificate / Anglo Indian Certificate (if applicable).
16. PWD certificate (If Applicable) **certificate issued this year (December 2024/January-2025) by the medical board of Medical counselling committee authorized centers.**
17. GAP certificate (if Applicable)
18. Aadhaar Card Xerox Copy of the student.
19. Form I & II
20. 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.
21. **KNRUHS DISCONTINUATION BOND** of Rs. 20,00,000/- on Rs.100 Non Judicial stamp paper (Rupees Twenty Lakhs) with **two sureties** and PAN card & Aadhar Card Xerox copies of the Sureties should be enclosed.
22. (4) Passport Size Photos of the student
23. (2) Sets of Xerox copies of all certificates/documents and Bonds.
24. i) D. D in favor of "**The Registrar, KNR University of Health Sciences, Warangal**"
Fee of Rs. 12000/- (For All India Quota Students).
ii) College Fee (only **D.D**) in favor of "**Principal, Government Medical College, Jangaon**"
Amount of Rs. 24,000/- (OC/BC) and Rs. 22,000/- (SC/ST).
iii) CDS Fee (only **D.D**) in favor of "**Principal, Government Medical College, Jangaon**"
Amount of Rs. 5,000/-

II. NOTE :

1. 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.
2. 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.
3. 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: JANGAON: NEET – 2025: MBBS BATCH 2025-26.

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. Literacy Status of Father :
6. Name of the Mother & Occupation :
7. Permanent Address of the Parents Phone No. :
(O)
(R)
(Mobile)
8. Temporary Address of the Candidate :

Phone No (OR)Mobile:
9. Name of the college where the candidate where last studied (Inter 2nd year or +2) :
10. Number of attempts of NEET :
11. Any significant medical history (epilepsy /Heart disease :
/ Any condition under treatment)
12. Contact Details of Parents / Guardian :
13. Hobbies/Special talents :
14. Name and Contact details of local guardian :

Signature
Name of the Student

Form – I

FORMAT OF UNDER TAKING 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, Jangaon 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, 2022 (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 a 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 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 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
Phone no.
Address

Witness I
Name and Signature
Address

Witness II
Name and Signature
Address

Form – II

FORMAT OF UNDER TAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1. I, (*Full name in BLOCK LETTERS*) _____
Father/Mother/Guardian of Mr./Mrs./Ms. _____ (*Full name in BLOCK LETTERS*) admitted to the course of _____
at Government Medical College, Jangaon, with Admission No. _____
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 a 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 this 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

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON- JUDICIAL STAMP PAPERS OF RS.100/-)
(Should be Notarized)

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

Aadhar No.

Address:

Date:

Place:

Signature of the Candidate

Aadhar No.

Address:

Date:

Place:

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPERS OF RS 100/- WITH NOTARY)
BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2025-26

I, _____ (Name of the candidate) S/o, D/o _____ (Name of the parent), Selected for MBBS/BDS Course do hereby under take to complete the course as per the requirement of KNR University of Health Sciences, Telangana, Warangal. In the event of my discontinuing the studies after joining the course or after the date of announcement of second phase of admissions. I under take to pay KNR University of Health Sciences, 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 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. Ms.No.125, 126 and 127 HM&FW Dept.,
Dated: 22.09.2022

Signature of the Candidate

I, _____ (Name of the parent), parent of Mr/Ms. _____ (Name of the candidate), do hereby undertake to pay KNR University of Health Sciences, Telangana a sum of Rs 20,00,000.00/- (Rupees Twenty Lakhs only) in case of discontinuation of MBBS Course after joining or after the date of announcement of second phase of admissions by my son/daughter and I am aware that my son/daughter will be debarred for three years for admission 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. Ms.No. 125,126 and 127 HM&FW Dept.,
Dated: 22.09.2022

Signature of the Parent

Witnesses:

1)

2)

Sureties by Income Tax Payees / Gazetted Officers only.
(TO BE FILLED BY TWO SURETIES) **(Should be Notarized)**

(1.) 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, Jangaon 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. 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, Jangaon 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 _____ in favor
of The Registrar, KNRUHS, Warangal and the Principal of Government Medical College,
Jangaon 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. 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, Jangaon 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.:

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

S. No	Description	OC/BC	SC/ST	Frequency
01.	Tuition Fee	10000-00	10000-00	YEARLY
02.	E-Library	2000-00	2000-00	YEARLY
03.	Central Stores	2000-00	2000-00	ONCE
04.	Library Fee	2000-00	2000-00	YEARLY
05.	Caution Deposit	3000-00	3000-00	ONCE
06.	Academic Development Fund	3000-00	1000-00	ONCE
07.	Non-Government Fund	2000-00	2000-00	ONCE
	TOTAL	24000-00	22000-00	

S. No	Description	OC/BC	SC/ST	Frequency
01.	CDS	5000-00	5000-00	ONCE

Hostel Fee Structure

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, Government Medical College, Jangaon".

- College Fee Amount of Rs. 24,000/- (OC/BC) and Rs. 22,000/- (SC/ST) Only.
- CDS Fee Amount of Rs. 5,000/- only

University Fees DD Only (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"

GOVERNMENT MEDICAL COLLEGE: JANGAON

REQUEST FOR IDENTITY CARD-2025-2026

Admission No:

Name of the Student :

Father Name :

Course :

Batch :

Date of Birth :

Full permanent Address

With Pin Code :


Affix
Passport
Size Photo

Mobile No :

Blood Group :

A rectangular box intended for the student's signature.

Signature of the Student

		NAME & ADDRESS OF THE COLLEGE (As per College Letter Head) GOVERNMENT MEDICAL COLLEGE, JANGAON.		Photo
KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506007				
DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC YEAR 2025-26				
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 CANDIDATES 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	ALLOTTED QUOTA:- CQ- COMPETENT AUTHORITY QUOTA AIQ- ALL INDIA QUOTA STRAY	

14	<p>PHASE :- P1 P2 P3- Aka Mop Up P4 P5 P6 STRAY Those Who Got Government Medical College, Jangaon In P1 And Applied For Sliding And Got Government Medical College, Jangaon Again In P2 Must Select P2 Not P1</p>	
15	<p>ALLOTTED LOCALITY LOC- Local UNR- Unreserved Region AIQ- All India Quota</p>	
16	<p>ALLOTTED CATEGORY OC SC ST BCA BCB BCC BCD BCE EWS OBC</p>	
17	<p>ALLOTTED SPL CATEGORY NCC CAP PHO NA NA- NOT APPLICABLE</p>	
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	