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

Discontinuation Bond
(FOR ALL CANDIDATES)

I, Dr_____selected for Post Graduate Degree/Diploma for the year 2026-27 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 :

Witness : **Signature of the Candidate**

1. Signature :
   Name and address in full Name and address in full

1. Signature :
   Name and address in full

2. Signature of parent:
   Name and address in full

N.B. : 1. The Bond format shall be typed on the Non Judicial stamped paper.

NOTARY

PROFORMA FOR UNDERTAIKNG IN THE FORM OF AFFIDAVIT(ON NON- JUDICIAL STAMP PAPERS OF RS. 100/ -)

U N D E R T A K I N G

I,..... (Candidate name)

S/o / D/o..... , bearing PG NEET 2026

Rank No ..... and I, ...

(Parent name) F/o/M/o....., bearing PG NEET 2026

Rank No .....

hereby give an undertaking as below, in connection with to certificates submitted for admission into Post Graduate Courses for the Academic Year 2026-27 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.

Date :

Place:

Signature of the Parent / Guardian **Signature of the Candidate**

Aadhar No.
Address :

Date:

Place:

NOTARY

(ON NON- JUDICIAL STAMP PAPER OF RS.100/-

ANNEXURE I AFFIDAVIT BY THE STUDENT

1) I_____Registration No. _____

S/o, D/o_____, having been admitted to **Government Medical College, Narsampet**, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009. (Hereinafter called the "Regulations") carefully read and fully understood the provisions constrained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what fully constitutes ragging.

3) I have also, In particular, Perused clause 7 and clause 9.1 of the Regulations and I am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly ever and undertake that

   a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
   b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred form admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further that affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this_____day of_____month of_____year.

Signature of the

Student Name:

NOTARY

(ON NON- JUDICIAL STAMP PAPER OF RS.100/-

ANNEXURE - II AFFIDAVIT BY PARENT / GUARDIAN

1) Mr. /Mrs./Ms._____(full name of parent / guardian) father / mother / guardian of _____ (full name of student with admission / registration / enrolment number) having been admitted to **Government Medical College, Narsampet,** have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009. (Here in after called the "Regulations") carefully read and fully understood the provisions constrained in the said Regulations.

2) I have, in particular, perused clause 3 of the Regulations and am aware as to what fully constitutes ragging.

3) I have also, In particular, Perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly ever and undertake that

   a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

   b) My ward will not participate in or abet or propagate through any act of commission or commission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred form admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further that affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declare this_____day of_____month of_____year.

Signature of the

Parent Name:

Address:
Telephone / Mobile No.

NOTARY

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

PROFORMA OF AGREEMENT BOND FOR CANDIDATES ADMITTED TO PG MEDICAL COURSES 2026-27

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 St at e 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 PART shall 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.

NOTARY

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 theParty 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)

NOTARY

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

NOTE:-

1. Enclose **SELF ATTESTED** xerox copies of the **Aadhar and Pan Cards** of the 2 sureties who are Government Gazetted Officers/ Income Tax payers

NOTARY

ANNEXURE - II

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

(FOR NON – SERVICE CANDIDATES)

I, Dr_____selected for Post Graduate Degree/Diploma for the year 2026-27 do hereby undertake to serve the_____ (Institute where they pursued the course) as a senior resident for a period of one year after successful completion of the PG Degree/Diploma courses

DATE :

Witness : **Signature of the Candidate**

1. Signature :
Name and address in full

Name of candidate and address in full

2. Signature :
Name and address in full

2. Signature of parent:
Name and address in full

N.B. : 1. The Bond format shall be typed on the Non Judicial stamped paper Rs.100/-.

KNRUHS ANTI-DRUG UNDERTAKING PROFORMA FOR ANTI-DRUG UNDERTAKING / DECLARATION IN THE FORM OF AFFIDAVIT

(ON NON-JUDICIAL STAMP PAPERS WITH NOTARY Rs.100/-)

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 there under, 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:	Name of Parent / Guardian:
NEET Roll No: Course:	Relationship with Student:
College:	Address:
Academic Year:	Mobile No.:

Signature of the Student	Signature of the Parent / Guardian

Place:
Date:

DECLARATION

I, Dr. _____ hereby declare that all the information given uploaded by me in the application is factually correct and true to the best of my knowledge and belief.

I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will not claim on the seat allotted to me by the competent authority.

SIGNATURE

BIO DATA FORM

To
The Principal
Government Medical College,
Narsampet

I Dr…….. Selected for the Post Graduate Degree/Diploma ……. course vide MCC, India/CQ KNRUHS selection order and I am reporting at Government Medical College, Narsampet for issue of further posting.

1	Full Name of the candidate	
2	Father's Name	
3	Name of the Course	
4	Gender	
5	Date of Birth (as per SSC)	
6	Caste	
7	Sub caste	
8	Identification Marks	
9	Address	
10	Candidate Mobile No	
11	Father/Mother Mobile No.	
12	E mail id	
13	Aadhar Number	
14	MBBS Graduated at	
15	Internship Completion Date	
16	MBBS Registration No and Registration council name, Date	
17	PG NEET Hall Ticket No	
18	Marks Obtained in entrance Exam	
19	PG NEET Rank	
20	Admission Under Quota	
21	Service/Non Service	
22	Date of admission in the college	

I declare that the above information provided by me is true in all respect and in case any information found to be false, my admission would stand cancelled automatically.

Hence, I request you to kindly issue me the admission order.

SIGNATURE

GOVERNMENT MEDICAL COLLEGE, NARSAMPET
PG DEGREE/DIPLOMA ADMISSIONS 2026-27
LIST OF DOCUMENTS REQUIRED AT THE TIME OF REPORTING.

1. Name of the Student……...
2. Provisional Allotment Order ……
3. Admit Card/ Hall Ticket ……..
4. Rank Card ……
5. SSC ……..……...
6. 12th class Marks Sheet ……...
7. Bonafide/ Study and Conduct Certificates (1st to MBBS) ……
8. Memorandum of Marks in MBBS ……..…
9. MBBS Degree Certificate ……
10. MBBS Permanent Registration Certificate ……...
11. Compulsory Rotatory Internship Certificate ……..
12. Transfer Certificate……..
13. Migration Certificate……
14. Certificate SC/ST/OBC/EWS …….
15. Physically Handicapped Certificate ……..
16. Bio data form ……..
17. Joining Report of the student in the Institution …….....
18. Individual's Declaration……....
19. ID Proof- Aadhar card Xerox…….....
20. DD Details :

DD No. & Date	Name of The Bank	Amount	Paid In Favor of	Payment Towards
		Rs. 25,000/-	Principal, Government Medical College, Narsampet	College fee
		Rs. 35,000/-	The Registrar, KNRUHS,Wgl	University fee
		Rs.5000/-	The Registrar KNRUHS,Wgl	Equivalence Fee if the candidate completed MBBS from other state
		Rs.7000/-	The Registrar KNRUHS,Wgl	Equivalence Fee if the candidate completed MBBS from other country

21. 4 copies of latest Photographs ……
22. Submission of bond for Rs. 50,00,000 toward discontinuation of the PG course……
23. Submission of bond for Rs. 20,00,000 for MD/MS Courses and Rs. 10,00,000 for Diploma Courses in case failure to serve the Government for a period of one year after completion of the PG course…….
24. Undertaking Bond ……
25. Anti-Ragging Affidavit a) Student…….....
    b) Guardian……..
26. Diploma Certificate …….
27. Service Certificate ……...
28. Xerox copy of Bank pass book with self attestation…….
29. 2 Sets of Xerox copies of the above all certificates……
30. Any Others ……

Signature of the student | Signature of the Custodian Officer | Signature of the Verifying Officer | Signature of the Principal

ANNEXURE- III

A SELF DECLARATION BY INSERVICE CANDIDATES

I, Dr._____

Son/Daughter of _____ is in service and working as under the administrative control of _____ have put up the following service as on Dt: _____/____/2026

1. Tribal Service : _____Years _____Months _____Days

2. Rural Service : _____Years _____Months _____Days

3. Other Service : _____Years _____Months _____Days

I do hereby declare that I do not have any Post Graduate Degree or Diploma / I have a Post graduate Degree/Diploma in _____(Specify the subject). I satisfy the definition of "In service candidate" as per G.O. Ms. No.155, HM&FW (C1) Dept., Govt. of Telangana, Dated: 18-11-2021.

My Date of Birth is _____ and I am having the requisite period of 5 years leftover service after completion of the course to serve the Government. If this declaration is found to be incorrect and false I am liable for action for submitting false declaration in addition to cancellation of admission into the Post Graduate course. I certify that the above information is true and correct.

Date: **Signature of the candidate**

Name (in capitals):

Mobile Number:

Address

ANNEXURE - III B

SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL/DENTAL SELECTION AS PER GOVERNMENT ORDERS

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. _____Son/Daughter _____of is in service and working as _____under the administrative control of_____.

He/She is already having_____ P.G. Diploma (Specify the specialty-If no information write Nil).

He/She is eligible under Service Quota for selection into any PG Degree / Diploma (Strike off the one not applicable) admission into P.G. Medical/Dental Courses for the year 2026-27 as per orders of Govt. of T.S. vide G.O.M.s.No.155 HM&FW (C1) Dept., Dated: 18-11-2021, Govt. of Telangana. His / Her date of birth is_____ and he / she is having the requisite minimum 5 years of left over period of service after completion of the course.

SERVICE AS ON ___/____/2026.

Type of service	**Place of Service**	**Service**		**Total Period of Service**
		From:	**To:**	
1) Tribal Service		DD/MM/YY	DD/MM/YY	
2) Rural Service		DD/MM/YY	DD/MM/YY	
3) Other Service		DD/MM/YY	DD/MM/YY	

Signature of HOD (SEAL)

Date: