GOVERNMENT MEDICAL COLLEGE

:: JAYASHANKAR BHUPALPALLY::

::TELANGANA STATE::

ADMISSIONS FOR MBBS COURSE 2026-27

UG Admission Committee :
Dr.B.Sridhar Rao, Principal
Dr.K.Rajesh, Vice Principal (Admin)
Dr.V.Divya,
Dr.A.Raj Kumar

For Queries and Information :

1. Sri . E. William Carey Administrative Officer Academics (9989504090)
2. Sri A.vidyasagar Academic Superintendent (9030256129)
3. Sri M.llesh Academic D.E.O (9703050725)
4. Smt.E.Soumya Academic D.E.O (7386004268)

Reporting Time from 10.00 A.M to 4.00 P.M (All Days including Sundays & Holidays)

- Candidates who want to give willingness for up gradation 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 should be latest - by the medical board of Medical counseling committee authorized centres**
- All the certificates provided must be in a standard format only

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

GOVERNMENT MEDICAL COLLEGE :: JAYASHANKAR BHUPALPALLY

HALL TICKET NO: Date :

Rank:

RECEIPT

Received the following documents from.....

Selected for 1st year MBBS Course for the academic year 2026-27

1. Application (Joining Report)
2. Provisional Allotment Order
3. NEET Admit card
4. NEET Rank Card (score card)
5. Bonafide /Study and conduct Certificate (1st to Inter) (Name as per 10th Certificate)
6. SSC Marks Memo (completed 17 years as on 31.12.2026, D.O.B on or before 31.12.2008)
7. Intermediate Marks Memo
8. Transfer Certificate
9. Migration Certificate
10. Equivalent certificate (for study in other State)
11. Social Status Certificate/EWS Certificate / OBC
12. PWD certificate
13. NCC/Sports/CAP/PMC/
14. Gap certificate (issues by Tahsildhar/MRO)
15. Aadhar Card (Xerox)
16. Bond Paper (20 Lakhs) for discontinuation of course (Mandatory)
17. On non Judicial stamp paper of Rs.100 or equivalent for genuinity of Certificate. (Mandatory)
18. On non Judicial stamp paper of Rs.100 (Anti ragging affidavit by the Student) (Mandatory)
19. On non Judicial stamp paper of Rs.100 (Anti ragging affidavit by the Parent) (Mandatory)
20. D.D.No. Dt. OC/BC of Rs. 29,000/-
    D.D.No. Dt. SC/ST of Rs. 27,000/-

    D.D.No. Dt. of Rs.12,000/-(University fee for AIQ only)

21. Passport Colour Photos 10 No's
22. 3 Sets Xerox of all the above Documents.
23. D. D in favor of "**THE REGISTRAR, KNRUHS, WARANGAL")** Fee Rs. 12000/- (All India Quota) (Mandatory)
24. College Fee **DEMAND DRAFT** in favor of the **PRINCIPAL, GOVERNMENT MEDICAL COLLEGE, JAYASHANKAR BHUPALPALLY** Amount of Rs. 29,000/- (OC, BC) and Rs.27,000/- (SC, ST) (Mandatory)

The above certificates will not be returned to the candidates unless they complete the course as norms of KNR University of Health Sciences, Warangal, Telangana State.

SIGNATURE

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506002	GOVERNMENT MEDICAL COLLEGE, JAYASHANKAR BHUPALPALLY H.No:7-780/7, Manzoornagar, Ghanpur(M), Chelpur(V) - 506170	

DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC YEAR 2026-27

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: NEET UG	Allotted Quota (AIQ, CQ, MQ):
Allotted Details as per KNRUHS Allotment Letter: REG-LOC-OPEN-GEN-P1	
Site/College Code: GJBP (044)	
Mobile Number :	
Email ID:	
Aadhaar Number:	

Total Marks Obtained in Eligibility Exam:	Maximum Marks in Eligibility Exam:

Identification Marks (Asper SSC/Birth Certificate)	1)
	2)
Signature of the Candidate	Signature of the Principal along with the Official Seal

Form – I
FORMAT OF UNDERTAKING BY THE STUDENT

1. I_____Son/Daughter of Mr./Mrs./Ms_____admitted to the course of _____) at Government Medical College, JAYASHANKAR BHUPALPALLY 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, 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 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 the conspiracy to promote ragging and have never been punished in any manner for these offenses and further affirm that if these 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.

NOTARY

Form – II

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

1. I_____ _____ _____ Father/Mother/Guardian of Mr./Mrs./Ms_____ _____ admitted to the course of) _ at _____ Government Medical College, **JAYASHANKAR BHUPALPALLY** 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 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 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 :

NOTARY

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAIKNG 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 2026-27

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 here by under-take to pay KNR University of Health Sciences, 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)

NOTARY

Xerox copies of Aadhar cards along with mobile no’s of witness should be enclosed along with the bond .

NOTARY BOND (NON-JUDICIAL STAMP PAPER FOR RS. 100/-)

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(TO BE FILLED BY TWO SURITIES)

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,Govt.Medical College,**JAYASHANKAR BHUPALPALLY** 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 Govt. Medical College, **JAYASHANKAR BHUPALPALLY** 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 returns.

Signature ..... Name of the Surety..... Present Address: .....

.....Pin..... Permanent Address:.....

.....Pin..... Aadhaar No..: ..... PAN No.

Mobile No.: .....

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,Govt.Medical College, **JAYASHANKAR BHUPALPALLY** 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 Govt. Medical College, **JAYASHANKAR BHUPALPALLY** 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 returns.

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-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 UG NEET 2025 Rank No ..... and 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 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.

Signature of the Parent / Guardian

Signature of the Candidate

Aadhar No.

Address:

Date:

Place:

NOTARY

GOVERNMENT MEDICAL COLLEGE, JAYASHANKAR BHUPALPALLY,TELANGANA.

New Under Graduate (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, GOVERNMENT MEDICAL COLLEGE, BHOOPALAPALLY" (UNION BANK OF INDIA, IFSC CODE UBIN0592340** PAYABLE AT BHUPALPALLY FROM ANY NATIONALIZED BANK.

Hostel Fee Structure (2026-27)

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, BHOOPALAPALLAY"** PAYABLE AT JAYASHANKAR BHUPALPALLY (GHANPUR MANDAL) FROM ANY NATIONALIZED BANK.

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"**

Sd/-
Principal
Government Medical College,
Jayashankar Bhupalpally.