GOVERNMENTOFTELANGANA

# GOVERNMENT MEDICAL COLLEGE MANCHERIAL

(Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal) Permitted by National Medical Commission

*Vide LetterNo.NMC/UG/2022/000141/048892*

**Gudipeta Village, Mancherial-504207,TelanganaGovernment.**

ApplicationNo: ADMISSIONS/ACAD/GMC/MNCL/UG/2026. Date:_____

## APPLICATIONFORM

Full Name in Block Letters : _____

Father's/Guardian's Name : _____

Father's/Guardian'sOccupation:_____

Mother's Name : _____

Mother's Occupation : _____

Address for Communication: (House No.,Land Mark/Street, Village/Town,Taluk,District,State,PinCode)

Passport size Photograph

_____

_____

Date of Birth& Age : _____

Gender(Male/Female) : _____

Blood Group : _____

NEET Hall Ticket No. : _____

NEET Rank : _____

Allotment Round(Phase) : _____

Category(SC/ST/OBC/EWS/General) : _____

Nationality : _____

Religion : _____

Aadhar Card Number : _____

Identification Marks :_____

Parent's Mobile Number : _____

Parent's E-mail ID : _____

Student's Mobile Number :_____

Student'sE-mail ID : _____

I here by declare that the information filled in the form is correct and true to best of my knowledge. I further declare that I understand and fulfill the eligibility condition MBBS Course as mentioned in the prospectus.

Candidate Signature:_____

Candidate Name:_____

Date :

Place: _____

Parent Signature:_____

Parent Name :_____

***Candidate Name & Date of Birth as per SSC Certificate***

E-mail : gmc.mancherial@gmail.com

**GOVERNMENT MEDICAL COLLEGE MANCHERIAL - TG.**
**LIST OF ORIGINAL CERTIFICATES SUBMIT IN THE FOLLOWING ORDER.**
**UG MBBS - ADMISSIONS.**

1. NEET Hall Ticket.
2. NEET Rank Card.
3. Allotment order issued by KNRUHS/MCC.
4. SSC/10th Certificate (Birth Certificate).
5. Intermediate Certificate.
6. Bonafide certificate (6th to 12th) & Residence Certificate issued by the Tahsildar (MRO).
7. Transfer Certificate.
8. Social Status (Caste Certificate) / (Minority Certificate) if applicable.
9. Equivalence certificate (For students who studied in other than TG/AP States- for UG.)
10. Migration Certificate (For students who studied in other than TG/AP States- for UG.)
11. Gap Certificate (If applicable.)
12. CAP/NCC/PWD/PMC/EWS if applicable.
13. **Bond:** Undertaking Bond for Rs.20 Lakhs on Rs: 100 Non Judicial Stamp Paper. (If Candidates discontinue of allotted MBBS Course).
14. **Bond:** Undertaking Bond for Genuinity of Certificates on Rs: 100 Non judicial Stamp Paper.
15. Demand Draft, in Favor of **" PRINCIPAL GOVERNMENT MEDICAL COLLEGE, MANCHERIAL "** Payable at Mancherial– College Fee **Rs.29,000/- (OC, BC) and Rs.27,000/- (SC, ST)**From Any National Bank.
16. (I).Demand Draft for Boys Hostel Fee **Rs. 23,000**/- in Favor of **" Principal Boys Hostel, Government Medical College, Mancherial "** payable at Mancherial.
    (II). Demand Draft for Girls Hostel Fee **Rs. 23,000**/- in Favor of **"Principal Girls Hostel, Government Medical College, Mancherial"** payable at Mancherial.
17. **Fee Rs. 12000/-** D. D in favor of **REGISTRAR, KNRUHS, WARANGAL.** Payable at Warangal **for** All India Quota Candidates.
18. Recent Passport size color photos (6).
19. Aadhar Card (Xerox) – Candidate **and Father/Mother.**
20. Income Certificate.
21. Xerox copies of Original Certificates 3 sets (Self Attested).
22. Reporting form, undertaking form college, Undertaking Form I & II. (Available in College).
23. Envelope with details of Candidates name, Father Name, Neet Hall Ticket Number. Rank, Permanent address, Mobile number (candidate &parent).

**Note:**

- **Reporting time 10:00 AM to 4:00 PM.**
- **For allotment under Latest OBC quota, Latest <u>OBC Certificate issued by concerned State Government only is valid.</u>**
- **Please write NEET Hall ticket No, Rank, Name & Mobile No on back side of the DD.**
- **For allotment under PWD quota, certificate issued this year 2026-2027 by the medical board of Medical counseling committee authorized centers.**
- **EWS Certificate Issued for the Academic year 2026-27 are only valid certificates and considered for EWS.**
- **Collect the admission order and Custodian certificate after completion of admission process.**

# GOVERNMENT MEDICAL COLLEGE :MANCHERIAL: (T.G.)

## REPORTING FORM

To
The Principal
Government Medical College
Mancherial.

Date: _____

Respected Sir / Madam,

I am reporting on _____ for admission into 1st year MBBS Course for the Academic Year 2026 - 2027 at Government Medical College, Mancherial-TG.

Thanking you Sir,

Yours Faithfully,

Name : _____

Rank No. : _____

Hall Ticket No. : _____

Phase : _____

Address : _____

# GOVERNMENT MEDICAL COLLEGE : MANCHERIAL: (T.G.)

## UNDERTAKING

Date: _____

I Sri / Kum. _____

D/o / S/o. _____ With Admission No._____ Neet HallTicket No._____ Rank. _____ Studying 1st MBBS course do here by undertake to pay Tuition Fee and other Fees as notified by the Principal, Government Medical College, Mancherial from time to time and also do undertake to pay Tuition fee and other fees as and when revised Government of Telangana.

Signature of the Parent / Guardian

Signature of the Candidate

# KNRUHS DISCONTINUATION BOND

## PROFORMA FOR UNDERTAIKNG IN THE FORM OF AFFIDVIT
## (ON NON- JUDICIAL STAMP PAPERS OF RS.100/-WITH NOTARY)
## BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2026-27

I, Mr/Ms._____(Name of the candidate)S/o, D/o_____(Name of the parent), Selected for MBBS Course 2026-27 do hereby under take 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 or after the date of announcement of second phase admissions. I Undertake to pay KNR University of Health Sciences, Telangana, Warangal a sum of **Rs. 20,00,000.00/- (Rupees Twenty Lakh 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, Mr/Ms._____(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 Lakh 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 Lakh 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) Signature:
   Name &Address in Full:

2) Signature:
   Name & Address in Full:

**::NOTARY:**

**PROFORMA FOR UNDER TAKING IN THE FORM OF AFFIDAVIT(ONNON-JUDICIAL STAMP PAPERS OF RS.100/-)**

**UNDERTAKING CERTIFICATE GENUINITY**

I,……. S/o / D/o..... , bearing UG NEET 2026 Rank No …… and I……M/o, F/o:……. , bearing UG NEET 2026 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 Government Medical College, Mancherial 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 here by undertake that I shall not enter into legal litigation, if these at allotted to me is cancelled, for the above reasons.

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

Aadhar No. Address:

Date: Place:

**:: NOTARY::**

# Form–I

## FORMAT OF UNDERTAKING BY THE STUDENT

1. I (*Full name in BLOCK LETTERS*)_____Son / Daughter of (*Full name in BLOCK LETTERS*)_____ admitted to the course of _____at Government Medical College,Mancherial 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 (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 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 any one 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 these declaration is incorrect or false, my admissions is liable to be cancelled/withdrawn.

Signed on this_____day of_____month of_____year.

Witness I
Name and Signature
Address

Signature
Name of the Student:
Address :

Phone No:

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*)_____Son / Daughter of (*Full name in BLOCK LETTERS*)_____ admitted to the course of_____ at Government Medical College,Mancherial 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 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 here by 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 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 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.

Witness I
Name and Signature
Address

Signature
Name of the Student:
Address :

Phone No:

Witness II
Name and Signature
Address

## 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 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:**
**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: _____

# Government Medical College, Mancherial-TG

## Undertaking By Student and Parent/Guardian

(Rules and regulations of the college and hostel)

I, _____ (Student Name),
S/o / D/o _____, NEET Hall Ticket No_____.
NEET UG Rank _____, 1st MBBS, Academic year _____ a student of Government Medical College, Mancherial -TG

I hereby solemnly undertake that:

1. I will maintain good conduct in the college and hostel premises at all times.
2. I will abide by all the rules and regulations of the college and hostel.
3. I will not indulge in any act of indiscipline, misconduct, ragging, damage to property, or unlawful activity.
4. I will respect faculty, staff, fellow students, and hostel authorities.
5. I will keep my hostel room and surrounding areas clean and will maintain personal hygiene.
6. I will not engage in any activity that will tarnish the reputation of the institution.
7. I will follow the daily schedule, and hostel timings as prescribed.

I understand that any violation of these rules may lead to disciplinary action, including suspension, expulsion from the hostel, or any other action deemed fit by the authorities.

**Signature of Student:**
**Date: _____**
**Mobile No: _____**

Declaration by Parent/Guardian

I_____(Parent/GuardianName), Father/Mother/Guardian of the above student, hereby undertake that I will ensure that my ward abides by the discipline and code of conduct of the college and hostel. I will cooperate with the institution in enforcing these rules. I accept that in case of any violation, the decision of the college authorities will be final and binding.

Signature of Parent/Guardian:
Date: _____
Mobile No: _____

Witness : Name: _____
Signature: _____
Address & Mobile No: _____

# Government Medical College, Mancherial-TG

## Undertaking by Student and Parent/Guardian

(Regarding Minimum Attendance and Marks for University Examination Eligibility)

I, _____ (Student Name),

S/o / D/o _____, NEET Hall Ticket No. _____

NEET UG Rank _____, 1st MBBS, Academic year _____ a student of Government Medical College, Mancherial -TG

I hereby solemnly undertake that:

**1.** I understand that as per university and college regulations, I must:

- Maintain a minimum of 75% attendance in each subject (Theory) & 80 % practical / clinical posting.
- Secure minimum internal assessment marks as per the university norms (e.g. 50%, depending on subject rules(University).

**2.** I agree that failure to meet the above requirements will result in disqualification from appearing in the University Examinations.

**3.** I shall attend all academic sessions regularly and sincerely work towards maintaining my academic performance and attendance.

**4.** I shall not hold the institution or authorities responsible if I am detained from appearing in exams due to shortage of attendance or insufficient marks in Internal Assessment.

Signature of Student:

Date:_____

Mobile No:_____

Declaration by Parent/Guardian:

I, _____ (Name of Parent/Guardian), hereby declare that I have read and understood the above undertaking given by my ward. I assure that I will take necessary steps to ensure compliance with the college and university norms by my ward. I shall not hold the institution or authorities responsible if my Son/Daughter detained from appearing in exams due to shortage of attendance or insufficient marks in Internal Assessment.

Signature of the Parent/Guardian:

Date: _____

Mobile No: _____

Witness 1.Name: _____

Signature: _____

Mobile No.: _____

Place: _____

Date: _____

# 037-GOVERNMENT MEDICAL COLLEGE, MANCHERIAL-TG

| | | | |
|---|---|---|---|
| 1 | Batch | | |
| 2 | Full Name (As per Qualifying Exam) | | |
| 3 | Father Full Name:<br>Mail. Id<br>Phone No. | | |
| 4 | Mother Full Name | | |
| 5 | Address: | Permanent Address : | |
| | | PINCODE: | |
| 6 | Caste Category | | |
| 7 | Sub Caste(Optional) | | |
| 8 | Religion | | |
| 9 | Marks Obtained in SSC | | Maximum Obtained |
| 10 | Marks Obtained in INTER | | Maximum Obtained |
| 11 | Board of 12th Exam<br>CBSC/ICSC/OTHERS/REGINAL BOARD | | |
| 12 | GOVT.SCHOOL STUDENTS WHO GOT ADMISSION | | YES / NO |
| 13 | BACK GROUND | | RURAL / URBAN |
| 14 | MEDIAM OF 12TH EDUCATION | | |
| 15 | Date of Birth(DD/MM/YY) | | |
| 16 | AADHAR NUMBER(12 Digits) | | |
| 17 | Gender | | |
| 18 | Student Mobile Number | | |
| 19 | Father Mobile Number | | |
| 20 | Mother Mobile Number | | |
| 21 | Email id | | |
| 22 | Nationality | | |
| 23 | NEET HALL TICKET NO. | | |
| 24 | NEET MARKS | | |
| 25 | NEET RANK | | |
| 26 | KNRUHS Merit NO. | CQ/AIQ | |
| 27 | DOMICILE STATE OR UT | | |
| 28 | ALLOTED QUOTA<br>(AIQ, CQ) (CQ-STATE QUOTA) | | |
| 29 | PHASE | | |
| 30 | ALLOTED LOCALITY<br>(LOCAL, UNR, AU, SVU, AIQ) | | |
| 31 | ALLOTED CATEGORY<br>(OC, OC-EWS, BC-A, BC-B, BC-C, BC-D, OBC, ST, SC) | | |
| 32 | ALLOTED SPL CATEGORY<br>(PH, MSM, NCC, SPORTS, OTHERS) | | |

| | | |
|---|---|---|
| 33 | ALLOTED GENDER CATEGORY (GENERAL/WOMEN) | |
| 34 | Admission Date(DD/MM/YY) | |
| 35 | Date of Commencement of Classes (DD/MM/YY) | |
| 36 | Remarks | |

Signature of Parent

Signature of Student.

GOVERNMENT OF TELANGANA

# GOVERNMENT MEDICAL COLLEGE MANCHERIAL(T.G)

(Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal) Permitted by National Medical Commission)

**Gudipeta Village, Mancherial-504207,TelanganaGovernment.**

Date:……

Recevied the following Original DD's from Sri/Kum ……

S/O, D/O…….. a student of …….year M.B.B.S……..

Batech of this college.

1. Tution fee and other:

DD Bank……...Br……DDNo……..Dt……Rs……

2. Hostel Fee

DD Bank……Br……..DDNo……Dt……Rs…….

3. Fee for KNRUHS (DD) for All India Quota

DD Bank……Br……DDNo…….Dt……Rs……

Signature of the student/parent

Signature of the Accounts Clerk

GOVERNMENT OF TELANGANA

# GOVERNMENT MEDICAL COLLEGE MANCHERIAL

(Affiliated to Kaloji Narayana Rao University of Health Sciences, warangal) Permitted by National Medical Commission

*Vide LetterNo.NMC/UG/2022/000141/048892*

**Gudipeta Village, Mancherial-504207,TelanganaGovernment.**

## RECEIPT

Date:……

Received the following Original DD's from Sri/Kum …… S/O,

D/O…….. a student of …….year M.B.B.S……..

Batch of this college.

1. **Tution fee and other**:

DD Bank……...Br……DDNo……..Dt……Rs……

2. **Hostel Fee**

DD Bank……Br……..DDNo……Dt……Rs…….

3. **Fee for KNRUHS (DD) for All India Quota**

DD Bank……Br……DDNo……Dt……Rs……

Signature of the student/parent

Signature of the Accounts Clerk

Date:

To
The Principal
Government Medical College
Mancherial, T.G

Respected Sir,

Sub: Willingness for upgradation in Next Round (Round - ).

I ……(Student Name)(S/o,D/o)……(Neet Hall.No)…….. (NEET Rank)……allotted in Government Medical College Mancherial – TG in Round - All India Quota / State Quota. I am giving willingness for upgradation for next round Round - in the counseling.

Thanking You Sir,

Yours faithfully

Name:

Father Name:

Mbl.No:

Parent Sign: