GOVERNMENT OF TELANGANA
GOVERNMENT MEDICAL COLLEGE,
MANCHERIAL
(Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal) Permitted by National Medical Commission
Vide Letter No.NMC/UG/2022/000141/048892
Gudipet, Hazipur Mdl. Mancherial-504207, Telangana State.

List of documents to be Submitted

1. Provisional allotment order (MCC/ KNRUHS)
2. NEET PG Hall Ticket
3. NEET PG Rank Card
4. SSC / CBSE Certificate
5. Intermediate Certificate (Long Memo)
6. All Marks Memos from 1st MBBS to Final MBBS / University Transcript
7. Provisional / Permanent MBBS Degree Certificate.
8. Compulsory Rotating Internship Certificate
9. Transfer Certificate
10. Permanent Medical Registration Certificate (TSMC)
11. Bonafide and Conduct Certificate
12. Resident Certificate.
13. Social Status (Caste Certificate) / Minority Certificate if applicable
14. Equivalence Certificate (Those who have completed MBBS from other than TG)
15. Photo ID Proof (Aadhar Card* / PAN Card / Passport / Voter ID)
16. Photos (04 Nos)
17. Service Certificate.
18. Demand Draft of College Fee in favour of "**Principal Government Medical College Mancherial**
19. Demand Draft to Registrar, KNRUHS, Warangal (AIQ)
20. Income Certificate
21. EWS / PwD / GAP / Migration Certificate
22. Photo copies 2 sets – 1 Self attested
23. Bonds (05)
24. Scanned Copies of above mentioned certificates in PDF Format

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

Contact Number:**7416129125**

Note: Candidates are instructed to go through the information Bulletin, Counseling scheme ofMedical Council Committee & University Prospectus

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FEE STRUCTURE –2026-27 (PG)

Sl.No	Category	Fee
1.	College Fee	Rs. 25,000/- (Yearly- AIQ & State Quota)
D.D in favour of "**Principal Government Medical College Mancherial**"		

S.No	Equivalency Fee (if applicable)	Fee
1.	Candidate who studied MBBS course from other states	Rs. 8,000/-
2.	Candidate who studied MBBS course from other Country	Rs.10,000/-

Equivalency Fee: Separate D.D in favour of the Registrar, KNRUHS, Warangal

University Fee: Separate D.D in favour of The Registrar, KNRUHS, Warangal, for Rs.35, 000/- for ALL INDIA QUOTA STUDENTS ONLY.

Sl.No	Category	Fee
1.	Hostels	Rs. 18,000/-
BOYS HOSTEL : D.D in favour of Principal, Boys Hostel, Government Medical College,Mancherial payable at Mancherial.		
GIRLS HOSTEL : D.D in favour of Principal Girls Hostel, Government Medical College Mancherial payable at Mancherial.		

Sd/-
Principal
Government Medical College,
Mancherial.

ANNEXURE - II

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

(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 :

Sureties : **Signature of the Candidate**

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

2. Signature :
   Name and address in full
2. Signature of parent:
   Name and address in full

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

PROFORMA FOR UNDERTAKNG 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..... , bearing PG NEET 2026 Rank No

….....hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into PG Medical and Dental 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.

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

Aadhar No.
Address:

Date : Place:

ANNEXURE - IV

KNRUHS ANTI-DRUG UNDERTAKING

PROFORMA FOR ANTI-DRUG UNDERTAKING / DECLARATION IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

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:

PROFORMA OF AGREEMENT BOND FOR NON SERVICE CANDIDATES ADMITTED TO PG MEDICAL COURSES 2026-2027

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 Government Medical College Mancherial

WHEREAS the Party of the FIRST PART have applied for admission to PG Medical course in Telangana State 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 PARTshall 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.

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._____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 the Party 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)

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