



--:GANDHI MEDICAL COLLEGE::SECUNDERABAD::
::TELANGANA STATE::-

ADMISSIONS FOR MD/MS, DIPLOMA COURSES 2024-2025

All the candidates who have been allotted MD/MS seats in PG counselling, in this institute are hereby directed to submit the following self attested documents.

PG Admission Committee:

1. Dr. K. Indira, Principal,
2. Dr. K. Ravi Shekar Rao, Vice Principal (Academic).
3. Sri. K. V. SubbaRao, Administrative Officer (Academic).
4. Sri. Prabhu Singh, Office Superintendent (Academic).
5. Smt. P. Deepika,(PG Section Clerk)

For Queries and Information:

1. Sri. Prabhu Singh, Office Superintendent (Academic): **7981026233**
2. Smt. P. Deepika, (PG Section Clerk):
 - a) 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.
 - b) For allotment under OBC quota, **OBC certificate issued by concerned state government only is valid.**
 - c) For allotment under PWD quota, **certificate issued this year (December2024-January-2025) by the medical board of Medical counselling committee authorized centers only is valid.**

2024-2026 Batch
Check list of the documents to be submitted by the candidates
For (AIQ/CQ)

This is to certify that _____ S/o,D/o _____
who secured NEET PG Rank No: _____ is provisionally admitted in
_____ course for the Academic Year 2024-2025. The following
documents are submitted by the candidate.

1. Provisional allotment order
2. Admit card/Hall Ticket
3. Rank Card
4. SSC/Date of the Birth Certificate
5. 12th Class (Intermediate) marks memo
6. Bonafide/Study and conduct certificate of MBBS
7. Memorandum of marks in MBBS
8. MBBS Degree Certificate
9. Compulsory Rotatory Internship Certificate
10. Transfer Certificate
11. Migration Certificate
12. MBBS Permanent Registration Certificate
13. Caste Certificate
14. EWS Certificate/**OBC Certificate issued by respective state government will be accepted not BC Certificate.**
 - a. For AIQ-OBC Certificate
 - b. For CQ-BC Certificate
15. Physically Handicapped Certificate (**Issued by Authorized Centers Only**)
16. ID Proof -Aadhaar Card/PAN Card / Driving License/Voter ID/Passport
17. 4 Copies of latest Photographs

Payment Details (Amount Rs. 29,600/-)

- a) University Fee (for AIQ only) DD in favour of The Registrar, KNRUHS, Warangal. DD No. _____ date: _____
Bank _____ Branch _____
- b) College Fee mode of payment online/DD(**Rs. 25,000/-**)
Details: Transaction ID/DD No. _____ date: _____
Bank _____ Branch _____
Gpay/Phone Pay/Paytm/BHIM/Others (Specify) _____
- c) Equivalency fee if applicable (DD in favour of "THE REGISTRAR, KNRUHS, WARANGAL")
DD. No. _____ date: _____
Bank _____ Branch _____
- d) Processing Charges Rs.2000/- (Rupees Two Thousand Only) if applicable

The above certificates will not be returned to the candidate unless he/she completes the course as norms of KNR University of Health Sciences, Warangal, Telangana State.

18. Submission of two(2)Bonds with sureties
 1. Rs.50,00,000(Annexure-1) toward discontinuation of the course
 2. Failure to serve the Government as Senior Resident for the period of 1 year after completion of the course a bond of Rs. 20,00,000 (Annexure –II) for Degree and Rs.10,00,000/-for Diploma course.
19. Undertaking by the candidate
20. Two Copies of All the above documents and bonds.
21. All Candidates are required to submit TSMC registration within one month after taking admission.
22. The 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.
23. College fee Rs. 25,000/-(Rupees Twenty Five Thousand) (in favour of "**College Development Society, Gandhi Medical College, Secunderabad**") (Yearly), payable at Hyderabad.
24. University fee of Rs.29,600 (Rupees Twenty Nine Thousand six Hundred Only)(DD in favour of "**THE REGISTRAR, KNRUHS, WARANGAL**") (One –Time Payment), payable at Warangal.
25. Equivalency feeRs.5000/-(Rupees Five Thousand only)(DD infavour of "**THE REGISTRAR, KNRUHS, WARANGAL**") (If the candidate has completed MBBS in colleges other than Telangana & Andhra Pradesh states)(One- Time Payment)
26. Equivalency fee Rs. 7000/- (Rupees Seven Thousand only)(DD infavour of "**THE REGISTRAR, KNRUHS, WARANGAL**") (If the candidate has completed MBBS in colleges other Country) (One-Time Payment)
27. Processing Charges Rs. 2000/- (Rupees 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.
28. 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.

Note:-

1. All the certificate MUST be submitted ORIGINAL at the time of physical verification, no colour copy will be accepted.
2. For all the online transactions done by RTGS/NEFT/UPI, the copy of online fee payment receipt with UTR Number should be submitted online, alongwith the other documents.
3. In case of candidates sliding to other colleges in subsequent rounds, uniform processing charges of Rs. 2000/- (Rupees Two Thousand) only will be deducted and the remaining amount will be refunded to the candidate.
4. All admissions made online will be deemed "**PROVISIONAL**" and will be considered "**FINAL**" only on verification of original documents at the time of Physical joining and medical fitness at the college.

AFTER PHYSICAL VERIFICATION OF ALL THE ORIGINAL DOCUMENTS ONLY, THE ADMISSION ORDER WILL BE ISSUED.

GANDHI MEDICAL COLLEGE, SECUNDERABAD

PG Fee Structure for the Academic Year 2024-25

S. No	PARTICULARS	AMOUNT	FREQUENCY	
1	University Fee (in favour of "THE REGISTRAR, KNRUHS, WARANGAL)	Rs.29,600/-	One Time	(Only for AIQ Candidates to be paid at the time of admission)
2	College Fee (To CDS Account) A. CDSFee:Rs.15,000/- B. Academic Fee: Rs. 7,000/- C. LibraryFee:Rs.3,000/-	Total Rs.25,000/-	Yearly	AIQ & State Candidates

College Fee

**D.D/ ONLINE PAYMENT IN FAVOUR OF
CDS, Gandhi Medical College, SECUNDERABAD.
ACCOUNT NO: 52099020301
IFSC CODE: SBIN0020256
BRANCH NEW BHOIGUDA, SECUNDERABAD**

Note : The following payments to the University in Demand Draft (DD)form, (in favour of "THE REGISTRAR, KNRUHS, WARANGAL") if applicable, at the time of admission.

1. AIQ Candidates to Pay University Fee of Rs. 29,600/- .
2. Additional onetime payment of **Rs. 5000/-**Equivalency Fee for Candidates who completed MBBS from colleges other than Telangana & Andhra Pradesh states.
3. Additional one time payment of **Rs. 7000/-**Equivalency Fee for Candidates who completed MBBS from other Countries.

ANNEXURE-I

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

(FOR ALL CANDIDATES)

I, Dr. _____ selected for Post Graduate Degree _____ for the year 2024-25 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.

Witness:

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.: 1. The Bond formats shall be typed on the Non Judicial
2. Sureties by Income Tax Payees/Gazetted Officers only.
(Other Than Parents)**

(Self attested Copies of PAN & Aadhar of the Sureties)

(TO BE FILLED BY TWO SURETIES)

(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 Gandhi Medical College, Secunderabad to a sum-of **Rs. 50,00,000/- (Rupees Fifty Lakhs Only)**,

I _____ here by 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. 50,00,000/- (Rupees Fifty Lakhs Only)**, I, the said surety, shall, without any objection, pay the said due amount to the Gandhi Medical College, Secunderabad 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 Gandhi Medical College, Secunderabad to a sum of **Rs.50,00,000/- (Rupees Fifty Lakhs Only)**,

I _____ here by 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.50,00,000/- (Rupees Fifty Lakhs only)**, I, the said surety, shall, without any objection, pay the said due amount to the Gandhi Medical College, Secunderabad 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.:.....

ANNEXURE-II

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

(FOR ALL CANDIDATES)

I, Dr. _____ selected for Post Graduate Degree /Diploma for the year 2024-25 do hereby undertake to serve the Government of Telangana by working in Government Hospitals, as a Senior Resident for a period of one year after successful completion of the PG Degree/ Diploma course (if required). In case I fail to join as senior Resident or in case of not completing one year of service within a maximum period of 18 months, I undertake to pay a sum of Rs. 20,00,000 (Rupees Twenty Lakhs Only) for PG Degree course to the Government.

Date:

Signature of the Parent/ Guardian	Signature of the Candidate
	Aadhar No:
Name :	Name :
Aadhar No :	Address:

**N.B.: 1. The Bond format shall be typed on the Non Judicial
2. Sureties by Income Tax Payees/Gazetted Officers only.
(Other Than Parents)
(Self attested Copies of PAN & Aadhar of the Sureties)**

(TO BE FILLED BY TWO SURETIES)

(1.) In consideration of the Surety Bond executed by the student (Mr./Ms. _____ Son of/ daughter of _____ resident of _____ in favor of Director of Medical Education, Telangana State and the Principal of Gandhi Medical College, Secunderabad 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 Gandhi Medical College, Secunderabad 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 Director of Medical Education, Telangana State and the Principal of Gandhi Medical College, Secunderabad 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 Gandhi Medical College, Secunderabad 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.:.....

PROFORMA FOR UNDERTAKING

I, (Candidate name) S/o/ D/o..... , bearing PGNEET 2024-25 Rank No..... and I, (Parent name) F/o: (Candidate name) , bearing UG NEET 2023 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 2024-25 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 maybe 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 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:

Typed format with colour digital print

		NAME & ADDRESS OF THE COLLEGE (As per College Letter Head)	Scanned Photo of the Candidate (Attested by the Principal)
KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506007			
DETAILS OF THE CANDIDATE ADMITTED INTO PG COURSE FOR THE ACADEMIC YEAR 2024-25			
S.No.:	NEET Rank :	NEET Roll NO :	KNRUHS Merit :
Student Name (Block Letters) : (AS IN INTERMEDIATE CERTIFICATE)			
Father's Name:			Gender:
Address:			
Category/Caste:		Local/Non-Local:	
Sub Caste:		DOB (DD/MM/YYYY):	
Qualifying Examination Board:		Allotted Quota (AIQ, CQ, MQ) :	
Allotted Details as per KNRUHS Allotment Letter:(Please Refer to the Allotment letter issued by KNRUHS)			
Site/College Code:			
Mobile Number (10 Digits Only):			
Email ID:		Date of Joining in Department:	
Aadhaar Number:		TSMC /MCI Reg. No.:	
Total Marks Obtained in Eligibility Exam:		Maximum Marks in Eligibility Exam:	
Identification Marks (As per 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 Gandhi Medical College, Secunderabad with Neet PG Rank _____ 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 of the said regulations and have fully understood what constitutes ragging.
4. I have also in particular perused and read and understood the administrative and penal actions that maybe taken against me in case I am found guilty of ragging or 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 maybe constituted under the said regulations.
 - (ii). I will not participate in or abet or propagate ragging in any form included but not limited to those that maybe constituted under 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 _____ haven _____ ever _____ 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.

Signature
Name of the
Student
Address
Phone no.

Witness

I Name and
Signature Address

Witness

II Name and
Signature Address

**GANDHI MEDICAL COLLEGE: SECUNDERABAD: NEETPG-2024-25
PERSONAL DATA SHEET OF CANDIDATES ADMITTED**

COURSE -

CATEGORY

-AIQ/CQ

1. **Full Name of the Candidate** : -
(In block letters)
2. Age and Date of Birth (As per SSC certificate) : -
3. Sex : -
4. Category /Caste : -
5. Name of Father & Occupation :
6. Name of the Mother & Occupation : -
7. Permanent Address of the Parents : -
_____(O)
_____(R)
_____(Mobile)
8. Permanent /Temporary Address of the Candidate Mobile: -
- Email ID:
9. Name of the college where the candidate where last studied UG : -
10. Number of attempts of NEET PG : -
11. Any significant medical history : -
(epilepsy / Heart disease / Any condition under treatment)
12. Contact Details of Parents /Guardian
13. Marital Status–Unmarried/Married/Divorced/Separated
14. Name of the Spouse and Contact Number :
15. Hobbies/Special talents:
16. Aadhaar and PAN card details :
17. TSMC REGISTRATION NUMBER

Signature

GOVERNMENT OF TELANGANA
REQUISITION FOR IDENTITY CARD
GMC- SECUNDERABAD -2024-25

To be filled BLOCK LETTERS

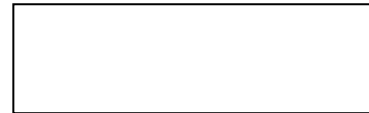
Name of the Student :

Department/Course :

Batch :

Date of Birth :

Blood Group :



Signature of Student

Full Permanent
Address :
With Pincode

Mobile No. :

Kindly Issue Identity card.

ADMN. OFFICER (ACAD.)
GANDHIMEDICALCOLLEGE,
SECUNDERABAD