-::GANDHIMEDICALCOLLEGE::SECUNDERABAD::
::TELANGANASTATE::-

ADMISSIONS FOR MD/MS, DIPLOMA COURSES 2026-2027

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. B. Raja Ram, Vice Principal (Academic).
3. Sri. K. V. SubbaRao, Administrative Officer (Academic).
4. Sri. Prabhu Singh, Office Superintendent (Academic).
5. Smt. P. Deepika, **(**PG Section**)**

For Queries and Information:

1. Sri. Prabhu Singh, Office Superintendent (Academic)
2. Smt. P. Deepika, **(**PG Section**): 8985757540**

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) by the medical board of Medical counselling committee authorized centers only is valid.**

2026–2027 Batch Date

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 2026-2027. The following documents are submitted by the candidate.

1. Provisional allotment order
2. Admit card/Hall Ticket
3. Rank Card
4. SSC Certificate
5. 12th Class (Intermediate) marks memo
6. Bonafide/Study and conduct certificate 1st to 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. Service Certificate
15. 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
16. Physically Handicapped Certificate **(Issued by Authorized Centers Only**)
17. ID Proof –Aadhaar Card/PAN Card /Passport
18. 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/-)** Yearly

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) ProcessingChargesRs.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.

19. Submission of two (2) Bonds with sureties

    1. Rs.50,00,000(Annexure-1) toward discontinuation of the course
    2. FailuretoservetheGovernmentasSeniorResidentfortheperiodof1 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.

20. Undertaking by the candidate

21. Two Copies of All the above documents and bonds.

22. All Candidates are required to submit TSMC registration within one month after taking admission.

23. 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.

24. College fee Rs. 25,000/- (Rupees Twenty-Five Thousand) (infavour of "**College Development Society, Gandhi Medical College, Secunderabad**") (Yearly), payable at Hyderabad.

25. 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.

26. Equivalency feeRs.8000/- (Rupees Eight Thousand only) (DD infavour of **"THE REGISTRAR, KNRUHS, WARANGAL")** (If the candidate has completed MBBS in colleges other than Telangana (One- Time Payment)

27. Equivalency fee Rs. 10000/- (Rupees Ten Thousand only)(DD infavour of **"THE REGISTRAR, KNRUHS, WARANGAL")** (If the candidate has completed MBBS in colleges other Country) (One-Time Payment)

28. 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.

29. 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 2026-27

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. 8000/-**Equivalency Fee for Candidates who completed MBBS from colleges other than Telangana & Andhra Pradesh states.
3. Additional one time payment of **Rs. 10000/-**Equivalency Fee for Candidates who completed MBBS from other Countries.

ANNEXURE-I

(Non-JudicialStamppaperforRs.100/-)

(FORALLCANDIDATES)

I, Dr. _____selected for Post Graduate Degree _____ 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.

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 hall be typed on the Non Judicial
2. Sureties by Income Tax Payees/Gazzetted Officers only. (Other Than Parents)
(Self attested Copies of PAN & Aadhar of the Sureties)

(TO BE FILLED BY TWO SURITIES)

(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 year2026-27 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 with in a maximum period of18 month, I under take to pay 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/Gazzetted Officers only. (Other Than Parents)

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

(TO BE FILLED BY TWO SURITIES)

(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 sumofRs.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.:……..

PROFORMAFORUNDERTAKING

I, (Candidate name)S/o/ D/o..... ,bearing PGNEET 2026-27Rank No…… and I, (Parent name) F/o: (Candidate name) , bearing UG NEET 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 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 legallitigation,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:

STUDENTS PLEASE NOTE:

On DD back side to mention the following;

1. Name :
2. Allotted Course :
3. Rank :
4. Batch : 2026-27
5. Phone Number :

1. All Original 2 set of Xerox.
2. All 3 Bonds and their **Sureties** PAN and Aadhar Xerox must be enclosed and **Witness** Aadhar Xerox must be enclosed.
3. Round 1,2 & 3 student are willing for upgradation have to submit on their Provisional Allotment Order issued by the AIQ/CQ duly signed by the candidate

Note:

Students are requested to fill by the below form in soft copy and send to this mail ID academicgmc123@gmail.com along with the above documents in PDF format as per the allotment order issued by the AIQ/CQ.

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506007	GANDHI MEDICAL OLLEGE, SECUNDERBAD	Scanned latest Colour Photo of the Candidate

DETAILS OF THE CANDIDATE ADMITTED INTO PG (MD/MS & DIPLOMA) COURSE FOR THE ACADEMIC YEAR 2026-27

S.No.:	**NEET Rank :**	**NEET Roll NO :**	**KNRUHS Merit :**

Student Name (Block Letters, AS PER MBBS CERTIFICATE) :	
Father's Name: (As per the 10th /12th Certificate)	**Gender:**
Address: Full Address with Land mark and pin code	
Category/Caste:	**Local/Non-Local:**
	DOB (DD/MM/YYYY):
AWARD(DEGREE/DIPLOMA):	**SERVICE/NON-SERVICE:**
Qualifying Examination Board: NEET	**Allotted Quota (AIQ, CQ, MQ) :**
Allotted course:	**Allotted region:**
Allotted Details as per KNRUHS Allotment Letter:(Please Refer to the Allotment letter issued by KNRUHS) **Ex:** LOC-ST-GEN – P1/P2/P3/Mopup for State Quota, For All India Quota just fill **"AIQ"**	
Site/College Code: 002	
College name as per letter head: GANDHI MEDICAL COLLEGE SECUNDERABAD	
Name of the Institution last studied: (As per MBBS Degree/Bonafide Certificate)	
Date Of Completion Of Internship:	
Mobile Number (10 Digits Only):	
Email ID:	
Aadhaar Number:	
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 THESTUDENT

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 (PreventionandProhibitionofRagginginMedicalCollegesandInstitutions)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 incase I am found guilty of ragging or a abetting ragging actively or passively or being part of conspiracy to promote ragging.

5. I hereby under take 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 punishedinanymannerfortheseoffencesandfurtheraffirmthatifthesedeclarationis 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: NEET PG–2026-27 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/Sub 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. MEDICAL REGISTRATION NUMBER **Signature**

GOVERNMENT OF TELANGANA
REQUISITION FOR IDENTITY CARD
GMC- SECUNDERABAD -2026-27

To be filled BLOCK LETTERS

Name of the Student :

Department/Course :

Batch :

Date of Birth :

Blood Group :

Signature of Student

Affix Passport Size Photo

Father Name :

Full Permanent Address :

With Pincode

Mobile No. :

Kindly Issue Identity card.

ADMN. OFFICER (ACAD.)
GANDHIMEDICALCOLLEGE,
SECUNDERABAD

PG ADMISSION DETAILS OF 2026-27
MUST FILL THROUGH SCANNER