



:::GANDHI MEDICAL COLLEGE ::: SECUNDERABAD:::

:::TELANGANA STATE:::-

ADMISSIONS FOR MBBS COURSE 2026-2027

UG Admission Committee:

1. Dr. K. Indira, Principal.
2. Dr. B. Raja Ram, Vice Principal (Academic-PG).
3. Dr. B.V. Naga Mohan Rao, Vice Principal (Academic-UG).
4. Dr. S. Chandra Shekhar, Professor & HOD of Pathology.
5. Dr. S. Uma Maheshwar Raju (HOD), Professor of Pharmacology.
6. Dr. D. Sudhakar Babu, Professor of Anatomy.
7. Sri. K.V. Subba Rao, Administrative Officer (Academic).
8. Sri. Prabhu Singh, Office Superintendent (Academic).
9. Sri. K. Shiva Kumar, Dy. SO.

For Queries and Information:

1. Sri. Prabhu Singh, Office Superintendent (Academic) - 9573248527
2. Sri. K. Shiva Kumar, Dy. S.O.: (M.B.B.S. Section) - 7207720676 / 8374756315

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

- 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 (For State Quota Only)
- For allotment under OBC quota, **OBC certificate issued by concerned state government only is valid.**
- For allotment under PWD quota, **certificate issued this year (December 2025/January-2026) by the medical board of Medical counseling committee authorized centers.**

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

Sd/-
Principal

GANDHI MEDICAL COLLEGE:: SECUNDERABAD

Rc. No. B2/GMC/ACAD/2026

Date:

CERTIFICATE

This is to certify thatS/o. D/o.....

Neet Rank Neet Roll No..... has surrendered with prosecution of MBBS studies of 2026-2027 Batch.

THE FOLLOWING DOCUMENTS ARE TO BE SUBMITTED AT THE TIME OF ADMISSION

1. Provisional Allotment Order
2. NEET Hall Ticket
3. NEET Rank Card
4. SSC Pass Certificate (Date of Birth Reference) or its equivalence
5. 12th / Intermediate or equivalence Pass Certificate
6. Study and Conduct Certificate 9 & 10th Classes.
7. Study and Conduct Intermediate (11th & 12th)
8. Transfer Certificate
9. Latest Caste Certificate with father name
10. Residential Certificate of candidate or parent issued by MRO / Tahsildar of Telangana / A.P for period of 10 years (period to be specified with exact month and year) excluding period of study or employment outside the state (Local / Non Local)
11. Minority certificate (if applicable).
12. EWS Certificate for the year 2025-26 issued by Tahsildar of state of Telangana (If applicable).
13. Latest parental income certificate (if applicable)
14. NCC certificate / CAP certificate / PMC certificate / Anglo Indian Certificate (if applicable).
15. PWD certificate (If Applicable) **certificate issued this year by the medical board of Medical counseling committee authorized centers.**
16. D.D in favor of “**THE REGISTRAR, KNRUHS, WARANGAL**”) Fee Rs.12000/- (All India Quota)
17. College Fee Online Payment/ **D.D** in favor of “**CDS, Gandhi Medical College**” Amount of
18. Rs.29, 000/- (OC, BC) and Rs. 27,000/- (SC, ST) (if payment through online mode copy of the transaction ID).
19. 4 Passport Size Photos
20. Aadhaar Card Xerox Copy
21. Form I&II
22. GAP certificate (if Applicable)
23. Genuinity Bond (Proforma for Undertaking in the form of Affidavit) (On Non-Judicial Stamp Papers With Notary)
24. Discontinuation Bond (Proforma in the form of Affidavit) (On Non-Judicial Stamp Papers With Notary) of Rs. 20,00,000/- (Rupees Twenty Lakhs) with 2 sureties with AADHAR and PAN xerox copies. (Parents are not eligible for Sureties)
25. Anti Drug Undertaking by the Student and Parent/Guardian (Declaration in the form of Affidavit) (On Non-Judicial Stamp Papers With Notary)
26. 2 sets of Copies of All certificates and Bonds.
27. Processing charges Rs. 2000/- (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 counseling is Demand Draft for both University and college fee, to avoid delay in refund process.

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

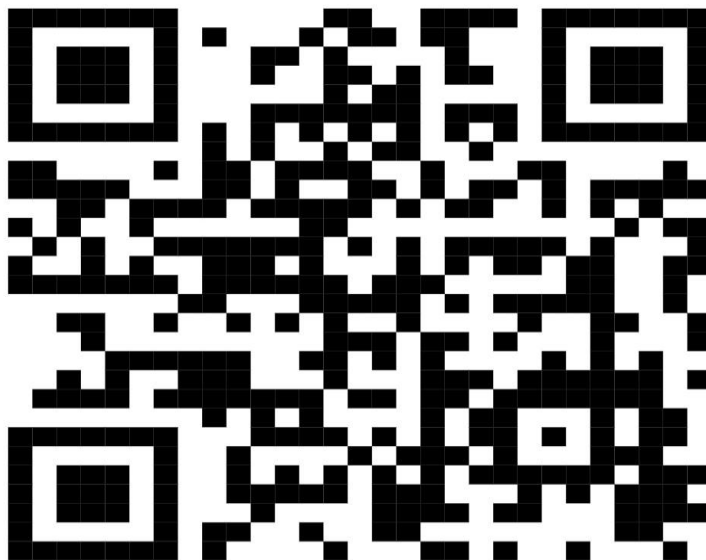
Sd/-
Principal

PLEASE ENTER THE STUDENT DETAILS IN THE GOOGLE FORM

- https://docs.google.com/forms/d/e/1FAIpQLSe_L_Od1vgWMBRp920JuDXCVk_koBXxxXSmjftzHzpkKgB8EYQ/viewform?usp=header

(OR)

SCAN THE QR CODE



GANDHI MEDICAL COLLEGE:: SECUNDERABAD:NEET-2026 MBBS BATCH 2026-27
PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON:

Should be filled by the candidate own handwriting:

1. Full Name of the Candidate :
(In block letters as per Intermediate Certificate)
2. Date of Birth and Age (As per SSC certificate) :
3. Gender :
4. Name of Father :
5. Occupation, Literacy Status of Father :
6. Name of the Mother :
7. Occupation, Literacy Status of Mother
8. Temporary Address :

9. Permanent Address

10. Parents Phone No.
(Mandatory)
(OR)
(Mobile)

11. Contact Details of Guardian / Phone No : :

12. Name of the college where the candidate last
studied (Inter 2nd year or +2) :

13. Number of attempts of NEET / Local status :

14. Any significant medical history (epilepsy / Heart disease :
/Any condition under treatment, etc.,)

15. Hobbies / Special talents:

Signature of the Parent / Guardian

Form-I

FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____ (Full name in BLOCK LETTERS) Son / Daughter of Mr./Mrs./Ms _____ (Full name in BLOCK LETTERS) admitted to the course of _____ at Gandhi Medical College, Secunderabad 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 betting 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 constitute 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 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.

Signature
Name of the Student

Address

Phone no.

Witness I
Name and Signature Address

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)_____Father/Mother/Guardian _____ of Mr./Mrs./Ms_____(Full name of Student in BLOCK LETTERS)_____admitted to the course of _____) at Gandhi Medical College, Secunderabad 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 maybe taken against my son / daughter / ward in case he / she is found guilty of ragging or a betting 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 a bet 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.

Witness I

Name and Signature

Address

Witness II

Name and Signature

Address

KNRUHS DISCONTINUATION BOND

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

I, (Name of the candidate) S/o, D/o (Name of the parent), Selected for MBBS/BDS Course do hereby undertake 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 undertake 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)

DATE:

PLACE:

Sureties by Income Tax Payees / Gazetted Officers only.

(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. 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 The Registrar, KNRUHS, Warangal and the Principal
of Gandhi Medical College, Secunderabad to a sum of Rs. 20,00,000/- only(Rupees Twenty 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.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.:.....

KNRUHS GENUINITY BOND

**PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)**

I, _____ (candidate name), S/o / D/o _____,
bearing UG NEET 2026 Roll No _____, UG NEET 2026 Rank _____

And

I, _____ (parent/guardian name), F/o _____,
bearing UG NEET 2026 Roll No _____, UG NEET
2026 Rank _____

Hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into MBBS/BDS courses for the Academic Year 2026-27 in _____ (college name), affiliated to Kaloji Narayana Rao 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 Kaloji Narayana Rao 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

Aadhaar No.

Address:

Date:

Place:

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:

Name of Parent / Guardian:

NEET Roll No:

Relationship with Student:

Course:

Address:

College:

Mobile No.:

Academic Year:

Signature of the Student

Signature of the Parent / Guardian

Place:

**GANDHI MEDICAL COLLEGE :: SECUNDERABAD MBBS ADMISSION FEE
STRUCTURE (2026-27)**

***Note: candidates shall pay the Fee in 5 equal Installments in the course duration of 4 ½ years.**

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	

Hostel Fee Structure

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

***Note: Preference shall be given to the candidates who resides outside of the GHMC limits.**

D.D / ONLINE PAYMENT IN FAVOUR OF

CDS, GANDHI MEDICAL COLLEGE, SECUNDERABAD.

ACCOUNTNO: 52099020301

IFSCCODE: SBIN0020256

BRANCHNEWBHOIGUDA, SECUNDERABAD

- For all the online transactions done by RTGS/NEFT/UPI, the Xerox copy of online fee payment receipt with UTR Number should be submitted online, along with the other documents.

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

To be filled in BLOCK LETTERS

Name of the Student:

Department / Course :

Batch :

Date of Birth :

Blood Group :

Affix Passport
Size Photo

Signature of Student

Full Permanent Address :
with Pin code

Mobile No. :

Kindly Issue Identity card.

ADMN. OFFICER (ACAD.)
GANDHIMEDICALCOLLEGE,
SECUNDERABAD

		NAME & ADDRESS OF THE COLLEGE (As per College Letter Head) GANDHI MEDICAL COLLEGE, MUSHEERABAD, SECUNDERABAD		Photo
KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL- 506007				
DETAILS OF THE CANDIDATE ADMITTED INTO UG (MBBS) COURSE FOR THE ACADEMIC YEAR 2026-2027				
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:		Allotted Quota (AIQ,CQ,MQ):		
Allotted Details as per KNRUHS Allotment Letter:				
Site/ College Code:				
Mobile Number (10DigitsOnly):				
Email ID:				
Aadhaar Number:				
Total Marks Obtained in Eligibility Exam:			Maximum Marks in Eligibility Exam:1000	
Identification Marks (As per SSC/Birth Certificate)		1)		
		2)		
Signature of the Candidate		Signature of the Principal along with the Official Seal		

(Font 12size in Times New Roman Must submit digital colour copy)

KNRUHS DETAILS		
1	NEET ROLL NUMBER	
2	NEET RANK	
3	STUDENT NAME (ASPER INTERMEDIATE CERTIFICATE/EQUIVALENCE)	
4	FATHER NAME (AS PER INTERMEDIATE CERTIFICATE/EQUIVALENCE)	
5	MOTHER NAME (ASPER INTERMEDIATE CERTIFICATE/EQUIVALENCE)	
6	GENDER	
7	ADDRESS	
8	DOMICILE STATE OR UT (YOUR NATIVITY OR PERMANENT ADDRESS)	
9	CATEGORY OC SC ST BCA BCB BCC BCD BCE EWS OTHERS FOR CANDIDATES JOINED IN AIQ WHOSE CATEGORY IS OBC- PLEASE SELECT OTHERS IN CATEGORY LIST	
10	LOCALITY OU- (Telangana Region) AU- (Andhra Region) SVU- (Rayalaseema Region) NL- (Non Local)	
11	SERVICE CANDIDATE (YES OR NO) TYPE NO IF YOU ARE UG (MBBS) STUDENT	
12	DOB (DD/MM/YYYY)	
13	ALLOTTED QUOTA:- CQ- COMPETENT AUTHORITY QUOTA AIQ- ALL INDIA QUOTA STRAY	
14	PHASE:- P1 P2 P3-Aka MopUp P4 P5 P6 STRAY Those Who Got Gandhi Medical College In P1 and Applied for Sliding and Got Gandhi Medical College Again In P2 Must Select P2 Not P1	

15	ALLOTTEDLOCALITY LOC- Local UNR- Unreserved Region AIQ- All India Quota	
16	ALLOTTEDCATEGORY OC SC ST BCA BCB BCC BCD BCE EWS OBC	
17	ALLOTTED SPL CATEGORY NCC CAP PHO NA NA- NOTAPPLICABLE	
18	MOBILE NUMBER (10 DIGITS ONLY)	
19	EMAILID (EX: XXXXXXX@GMAIL.COM)	
20	AADHAR NUMBER (12 DIGITS)	
21	SSC/CBSE/ICSE (X) HALLTICKET NUMBER	
22	SSC/CBSE/ICSE (X) Month and year of pass	

Sd/-
 Principal



**KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES
TELANGANA, WARANGAL 506002**

From:

The Registrar (FAC),
Kaloji Narayana Rao University of
Health Sciences, Telangana,
Warangal – 506 002

To:

All the Principals/Deans of,
Medical Colleges,
Affiliated to KNRUHS, TG

Lr.No.4488/KNRUHS/AC4/2026, Dated:21.04.2026

Sir/Madam,

Sub: KNRUHS – Academic - MBBS Course – Collection of Tuition Fee for 4½ years in 5 equal instalments from the students admitted into MBBS course – Strictly to follow the same - Reg.

Ref:

1. G.O.Ms.No.106, HM&FW(C1) Dept., Dated: 28.07.2023.
2. Press release issued by TAFRC, Dated: 26.06.2024.
3. Rc.No.299/TAFRC/MBBS/2024, Dated: 07.10.2024.
4. This Office Lr.No.SPL/KNRUHS/AC4/2025, Dated: 17.02.2026.
5. This Office Lr.No.Spl/2/KNRUHS/AC4/2025, Dated: 02.04.2026.
6. Public Notice issued by National Medical Commission, Dated: 07.04.2026.
7. This Office Lr.No. 4488/KNRUHS/AC4/2026, Dated: 15.04.2026.

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In continuation to this Office letter under reference 7th cited, it is hereby informed that the annual fee mentioned in the G.O. under ref. 1st cited should be multiplied by 4½ years as per ref. 2nd cited and to collect the tuition fee in 5 equal instalments.

All the Principals of Medical Colleges are hereby informed strictly to follow the same, if any deviation from the instructions will be viewed seriously, and strict action shall be initiated against the concerned institution as per the rules in force and also to display the same in the college notice boards for information to all the students.

Yours faithfully,


REGISTRAR (FAC)

Registrar

**KALOJI NARAYANA RAO
University of Health Sciences
T.G. Warangal.**

Copy to: PS to Vice-Chancellor, KNRUHS.