



**::GOVERNMENT MEDICAL COLLEGE::JOGULAMBA GADWAL::**  
**::TELANGANA::**

**ADMISSIONS FOR MBBS COURSE 2024-2025**

**UG Admission Committee:**

1. Dr. K. Parvathi, Principal
2. Dr. Jhansi Lakshmi, Professor of FMT, Vice Principal (Administration)
3. Dr. T. Prasuna, Professor of Anatomy, Vice Principal (Academic)
4. Dr. Vijayalaxmi, Professor of Microbiology
5. Dr. M. Vanitha, Professor of Pharmacology
6. Dr. P. Indira, Professor of Anesthesia
7. Dr. M. Nageshwar Rao, Professor of Orthopedics
8. Dr. B. Damayanthi, Professor of OBG
9. Dr. N. Karthika, Associate Professor of Ophthalmology
10. Sri. Anitha, Senior Assistant
11. Smt. Yashodha, D.E.O.

**For Queries and Information:**

1. Dr. C. Jhansi Rani, Associate Professor of Biochemistry : 9494077599
2. Dr. L.K. Sumitra, Associate Professor of Physiology : 9052003770
3. Dr. Palla Radhakrishna, Associate Professor of Anatomy : 9949246247
4. Sri. Anitha, Senior Assistant: 7680933822
5. Smt. Yashodha, D.E.O: 9703861458
6. Mohammad Murthuza, Computer Operator : 8688732688

**Admission Process Venue:** Govt. General Hospital (Old District Hospital), Opp. to District Court, Gadwal Town, Jogulamba Gadwal District.

**Reporting Time :** From 10.00 A.M to 4.00 P.M

- Candidates who want to give willingness for up gradation for Round-2 while retaining Round-1 seat, **“HAVE TO REPORT PHYSICALLY”** at the allotted institute to confirm their admission.
- 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 2023/January-2024) by the medical board of Medical counselling committee authorized centres.**

**All the candidates who have been allotted MBBS seats in UG counselling, in this institute are here by directed to submit the following documents:**

**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. 12<sup>th</sup>/Intermediate or equivalence Pass Certificate
6. Study and Conduct Certificate VI to X
7. Study and Conduct Intermediate/12<sup>th</sup>
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. Employment certificate of the parent (for non-local status)
12. Minority certificate (if applicable).
13. EWS Certificate for the year 2023-24 issued by Tahsildar of state of Telangana (If applicable).
14. Latest parental income certificate (if applicable)
15. NCC certificate/CAP certificate/PMC certificate/Anglo Indian Certificate (if applicable).
16. **PWD certificate (If Applicable) certificate issued this year December 2023/January-2024) by the medical board of Medical counselling committee authorized centers.**  
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17. D.D in favor of “**THE REGISTRAR, KNRUHS, WARANGAL**”) Fee Rs.12000/- (All India Quota)
18. College Fee **D.D** in favor of “**PRINCIPAL GOVERNMENT MEDICAL COLLEGE JOGULAMBA GADWAL**” Amount of 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. Undertaking in the form of Affidavit on Rs.100 Non Judicial stamp paper by the parent and candidate stating that all the certificates including the caste and category certificates are genuine and they are responsible for any further consequences as per law shall be submitted at the time admission. If any discrepancy is noticed, the admission will be cancelled.
24. Bond of Rs.20,00,000/- (Rupees Twenty Lakhs).
25. 2 sets of Copies of All certificates and Bonds.
26. 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.
27. Preferred mode of payment or 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.

**GOVERNMENT MEDICAL COLLEGE JOGULAMBA GADWAL: NEET 2024 MBBS BATCH 2024**

**PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON:**

**Should be filled by the candidate own hand writing:**

1. Full Name of the Candidate :  
(In block letters as per Intermediate Certificate)
2. Age and Date of Birth (As per :  
SSC certificate)
3. Sex :
4. Name of Father & Occupation :
5. Literacy Status of Father :
6. Name of the Mother & Occupation :  
7. Permanent Address of the Parents & Phone No :  
(O)  
(R)  
(Mobile)
8. Temporary Address of the Candidate & Phone No :  
(O)  
(S)  
(Mobile)
9. Name of the college where the candidate where  
last studied (Inter 2<sup>nd</sup> year or +2):
10. Number of attempts of NEET :
11. Any significant medical history (epilepsy/Heart disease :  
/Any condition under treatment)
12. Contact Details of Parents/Guardian :
13. Hobbies/Special talents :
14. Name and Contact details of local guardian :

## Form-I

### FORMAT OF UNDERTAKING BY THE STUDENT

1. I \_\_\_\_\_ (Full name in BLOCKLETTERS) Son/Daughter of Mr./Mrs./Ms \_\_\_\_\_ (Full name in BLOCK LETTERS) admitted to the course of \_\_\_\_\_ at Government Medical College Jogulamba GADWAL 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 College sand 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 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 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 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 UNDERTAKING 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 Government Medical College Jogulamba GADWAL 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 per used the provisionsofregulations3.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 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 regulation3. 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 underregulation3. of the said regulations. (iii).Will not hurt any one physically or psychologically or cause any other harm.
6. I here by a greet hat 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 in correct 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

**BOND**

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

**UNDERTAKING**

I, Mr/Ms. \_\_\_\_\_ S/o:D/o: \_\_\_\_\_

\_\_\_\_\_ selected for MBBS/BDS Course do here by undertake to complete the course as per the requirements of KNR University of Health Sciences, in the event of my discontinuing the studies after joining the course after the date for free exit, I undertake to pay to KNR University of Health Sciences, a sum of **Rs.20,00,000 (Rupees Twenty Lakhs only)**.

**Signature of the Candidate**

I, Mr/Mrs. \_\_\_\_\_ parent of Mr/Ms.

Do here by undertake to pay to KNR University of Health Sciences, a sum of **Rs.20,00,000 (Rupees Twenty Lakhs only)**. **In case of discontinuation of MBBS/BDS Course after joining after the date for free exit by my Son/Daughter.**

Date:

**Signature of Parent**

**Witness:**

1. Signature:  
Name and Address in full.

2. Signature:  
Name and Address in full.

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 Government Medical College Jogulamba GADWAL to a sum of Rs.20,00,000/-only (Rupees Twenty lakhs only), I her by stand a 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 Government Medical College Jogulamba GADWAL 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 Government Medical College Jogulamba GADWAL 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 lakh sonly), I, the said surety, shall, without any objection, pay the said due amount to the Government Medical College Jogulamba GADWAL 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 IN THE FORM OF AFFIDAVIT**  
**(ON NON-JUDICIAL STAMP PAPERS OF RS.100/-)**

**UNDERTAKING**

I, \_\_\_\_\_ (Candidate name) S/o / D/o \_\_\_\_\_, bearing UG NEET 2024 Rank No \_\_\_\_\_ and I, \_\_\_\_\_ (Parent name) F/o: \_\_\_\_\_ - (Candidate name), bearing UG NEET 2024 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 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 : \_\_\_\_\_



**GOVERNMENT MEDICAL COLLEGE JOGULAMBA GADWAL**  
**UG-MBBS ADMISSION FEE STRUCTURE (2024-25)**

Sl. No.	Description	OC/BC	SC/ST	Frequency
01.	Tuition Fee	10000-00	10000-00	YEARLY
02.	CDS	5000-00	5000-00	ONETIME
03.	E-Library	2000-00	2000-00	YEARLY
04.	Central Stores	2000-00	2000-00	ONETIME
05.	Library Fee	2000-00	2000-00	YEARLY
06.	Caution Deposit	3000-00	3000-00	ONETIME
07.	Academic Development Fund	3000-00	1000-00	ONETIME
08.	Non-Government Fund	2000-00	2000-00	ONETIME
	<b>TOTAL</b>	<b>29000-00</b>	<b>27000-00</b>	

**Hostel Fee Structure**

Sl. No.	Description	Amount
01.	Non-Refundable Amount	5000-00
02.	Caution Deposit (Refundable)	5000-00
03.	Rent(Rs.1000/-PerMonth×12Months)	12000-00
04.	Hostel Admission Application Fee	1000-00
	<b>Total</b>	<b>23000-00</b>

**D.D INFAVOUR OF**

PRINCIPAL GOVERNMENT MEDICAL COLLEGE JOGULAMBA GADWAL

**1. NAME OF THE ACCOUNT: PRINCIPAL GMC COLLEGE DEVELOPMENT SOCIETY**

**ACCOUNT NO: 43271698211**

**IFSC CODE : SBIN0020185**

**BRANCH : SBI MAIN BRANCH GADWAL**

**2. NAME OF THE ACCOUNT: PRINCIPAL GMC HOSTEL ACCOMODATION ACCOUNT**

**ACCOUNT NO: 43271695888**

**IFSC CODE : SBIN0020185**

**BRANCH : SBI MAIN BRANCH GADWAL**

**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”

**GOVERNMENT OF TELANGANA**  
**REQUISITION FOR IDENTITY CARD**  
**GMC- JOGULAMBA GADWAL-2024-25**

To be filled 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 Pincode :

Mobile No :

Kindly Issue Identity card :

PRINCIPAL  
GOVERNMENT MEDICAL COLLEGE  
JOGULAMBA GADWAL



**KALOJI NARAYANA RAO UNIVERSITY OF  
HEALTH SCIENCES, TELANGANA, WARANGAL-  
506007**

**NAME & ADDRESS OF THE  
COLLEGE  
(As per College Letter Head)  
GOVERNMENT MEDICAL  
COLLEGE  
JOGULAMBA GADWAL.  
Near Doulath Peer Darga,  
Doudarpally, Ring Road,  
Sangala Cheruvu,  
Gadwal town, Jogulamba  
Gadwal (Dt), 509125.  
Telangana.**

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**DETAILS OF THE CANDIDATE ADMITTED INTO UG(MBBS) COURSE FOR THE ACADEMIC YEAR  
2024-2025**

<b>S.No.:</b>	<b>NEET Rank:</b>	<b>NEET Roll NO:</b>	<b>KNRUHS Merit:</b>
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**Student Name:**

<b>Father's Name:</b>	<b>Gender:</b>
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**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**

KNRUHS DETAILS		
1	NEET ROLL NUMBER	
2	NEET RANK	
3	STUDENT NAME (AS PER INTERMEDIATE CERTIFICATE /EQUIVALENCE)	
4	FATHER NAME (AS PER INTERMEDIATE CERTIFICATE /EQUIVALENCE)	
5	MOTHER NAME (AS PER 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-AkaMopUp P4 P5 P6 STRAY Those Who Got Government Medical College Jogulamba GADWAL In P1 And Applied For Sliding And Got Government Medical College Jogulamba GADWAL Again In P2 Must Select P2 Not P1	

15	ALLOTTED LOCALITY  LOC-Local UNR-Unreserved Region AIQ- All India Quota	
16	ALLOTTEDCATEGORY OC  SCS T BCA BCB BCC BCD BCE EWS OBC	
17	ALLOTTED SPLCATEGORY NCC CAP PHO NA NA-NOT APPLICABLE	
18	MOBILE NUMBER(10 DIGITS ONLY)	
19	EMAIL ID(EX:XXXXXX@GMAIL.COM)	
20	AADHAR NUMBER (12 DIGITS)	
21	SSC/CBSE/ICSE (X) HALL TICKET NUMBER	
22	SSC/CBSE/ICSE (X) Month and year of pass	