KAKATIYA MEDICAL COLLEGE: HANUMAKONDA :: TELANGANA

UG MBBS Admissions 2026-27

Documents to be submitted during the admission procedure

1. Application **(Joining Report)**
2. Provisional Selection Order (**from KNRUHS/MCC**)
3. NEET Admit card
4. NEET Rank Card
5. Bonafide/Study and conduct Certificate **(1st to Inter)**
6. SSC Marks Memo
7. Intermediate Marks Memo
8. Transfer Certificate
9. Migration Certificate **(If studied in other State)**
10. Equivalent certificate **(If studied in other State, apply through https://tgbienew.cgg.gov.in/home.do)**
11. Social Status Certificate/EWS Certificate **(Latest Financial Year)**
12. PWD certificate **(If Applicable signed by competent authority)**
13. NCC/Sports/CAP/PMC **(If Applicable signed by competent authority)**
14. Aadhar Card **(e-validated)**
15. Discontinuation Bond Paper notarized of Rs. 100 **(for Rs.20 Lakhs)**
16. On non Judicial stamp paper notarized of Rs. 100 **(Anti ragging affidavit by the Student)**
17. On non Judicial stamp paper notarized of Rs. 100 **(Anti ragging affidavit by the Parent)**
18. On non Judicial stamp paper notarized of Rs.100 **(Genuinity of certificate).**
19. On non Judicial stamp paper notarized of Rs.100 **(Anti-Drug Declaration Bond)**
20. On non Judicial stamp paper notarized of Rs.100 for PWD Candidates

(SELF DECLARATION AFFIDAVITS & APPENDIX B,C,D,E,F IF APPLICABLE)

SUBMIT THE DOCUMENTS IN THE ABOVE MENTION ORDER WITH 2 SETS OF XEROX COPIES (PHOTOCOPIES)

NOTARIZATION MANDATORY

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.

Iam 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:**

NOTARIZATION MANDATORY

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAIKNG 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:

NOTARIZATION MANDATORY

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:

ज्ञान-विज्ञान विमुक्तये

सत्यमेव जयते

G20 भारत 2023 INDIA

डॉ. तेजस प्रद्युम्न जोशी
संयुक्त सचिव
Dr. Tejas Pradyuman Joshi
Joint Secretary

विश्वविद्यालय अनुदान आयोग
University Grants Commission
(शिक्षा मंत्रालय, भारत सरकार)
(Ministry of Education, Govt. of India)

D.O. F. No. 1-15/2009(ARC)PT.III **12th June, 2023**

To,

The Vice Chancellor of all University
The Principal of all Colleges

Subject: Regarding revised procedure of Anti Ragging Undertaking & Compliance submission.

Sir/Madam,

As part of UGC's initiative towards reduction of compliance burden of its stakeholders, UGC has revised the procedure for students to file online Anti Ragging undertaking. Now the procedure is completely online and student is not required to submit any hard/printed affidavit in institute.

This procedure has been changed with the view to conserve paper, to protect our environment and to reduce compliance burden of our stakeholders.

It has been observed that some prominent institutions are still following the previous exercise. You are therefore requested to adopt the revised procedure and not to receive any hard/ printed affidavit by students.

Anti-Ragging Undertaking must be filled by the students online on http://www.antiragging.in only. Universities/Colleges will not accept Anti Ragging Undertaking by students in Hard/Printed copy/Affidavits. **(Please note that the student is not required to print & sign it as it used to be in the earlier case).**

Further the compliance submission is not upto the mark by the institutions, therefore you are also requested to submit compliance on the following link:

https://www.antiragging.in/compliance_desclaimer.html

Soft copy of the Anti-Ragging Posters are also enclosed with a request to display on the prominent places in your campus areas like Admission Centre, Departments, Library, Canteen, Hostel, and Common facilities etc.

For any query in this matter, you may contact National Anti-Ragging Helpline 1800-180-5522 or email us at helpline@antiragging.in

With regards,

TEJAS PRADYUMAN JOSHI
Date: 2023.06.12 17:55:24 +05'30'

Yours faithfully,

(Tejas P. Joshi)

नेट ब्यूरो, दिल्ली विश्वविद्यालय का साउथ कैंपस, बेनिटो जुआरेज मार्ग, नई दिल्ली – 110021.
NET Bureau, South Campus of Delhi University, Benito Jhuarez Marg, New Delhi – 110021.
Ph. No.: 011-24115424 Email: tejas.ugc@gov.in ; tejas2709@gmail.com

DECLARATION

I, **Sri/Smt./Kum.** _____, NEET UG 2026 Application No. _____, NEET UG Rank _____, have been allotted a seat in the **MBBS Course under Scheduled Tribe (ST) category** at _____ Medical College under the First Phase of State Counselling conducted by KNRUHS for the Academic Year 2026-27.

I hereby declare that I am aware that the verification/re-verification of my ST social status certificate is **pending before the competent authority concerned** and that my allotment/admission is being permitted **conditionally**, subject to the final outcome of such verification from the Competent Authority.

I further declare that:

- I shall abide by the final decision of the competent authority regarding my ST social status.
- I understand that the conditional allotment/admission does not amount to confirmation of my ST status by KNRUHS.
- In the event that my claimed ST status is not confirmed by the competent authority, my allotment/admission under the ST category shall be liable for cancellation/withdrawal as per the applicable rules and instructions.
- I shall not claim any right or equity merely on the basis of the conditional allotment/admission granted to me.
- I shall comply with any further directions issued by KNRUHS or the competent authority in this regard.

I have read and understood the above declaration and agree to abide by the conditions stated herein.

Name of the Candidate:	**Name of the Parent:**
Signature of the Candidate:	**Signature of the Parent:**

DATE:

PLACE:

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES
TELANGANA, WARANGAL

From:
The Registrar,
Kaloji Narayana Rao University of Health Sciences,
Telangana,
Warangal – 506002.

To:
The Principal/Director,
Kakatiya Medical College,
Hanamkonda.

Sir/Madam,

Lr.No.8888/MBBS&BDS/KNRUHS/ADMISSIONS/2026-27, Dated:03.09.2026

Sub: KNRUHS – Release of allotments of MBBS admissions (Phase-I) under Competent Authority Quota (CQ) for the AY 2026-27 – Allotment of MBBS seat to a candidate claiming ST status whose social status verification is pending – Conditional allotment – Obtaining of undertaking from the candidate & parent - Regarding.

Ref:
1. Notification for registration of candidates for admission into MBBS/BDS courses under Competent Authority Quota for the AY 2026-27, Dated: 04.08.2026.
2. Notification for exercising web-options for first phase of counselling for admission into MBBS course under Competent Authority Quota for the AY 2026-27, Dated: 28.08.2026.
3. Release of allotment orders, Dated: 03.09.2026.

<><><>

I am directed to inform you that the candidate Sri/Smt./Kum. **VADITHE CHANDRA HARSHINI**, NEET UG 2026 Rank. **98810**, NEET UG 2026 Roll No. **4208202203**, has been allotted a seat in MBBS Course under ST category at your college in the First Phase of State Counselling under NEET UG 2026.

It is informed that the ST social status certificate/document submitted by the candidate is presently under re-verification by the competent authority concerned, and the final outcome of such verification is awaited.

In view of the time-bound nature of the MBBS admissions and the prescribed joining schedule, the **allotment made to the above candidate is being treated as conditional, subject to the final outcome of the re-verification/enquiry conducted by the competent authority concerned** regarding the candidate's claimed ST social status.

The Principal of the college is therefore requested to permit the candidate to report/join against the allotted seat, subject to fulfilment of all other prescribed admission requirements, and obtain a duly signed undertaking from the candidate & parent in the prescribed format (format enclosed) before completion of the admission.

The college authorities are requested to forward the duly signed undertaking obtained from the candidate & parent to KNRUHS for record and retain a copy of the same in the candidate's admission file.

The above conditional arrangement is being made only to facilitate the timely completion of the counselling and admission process and shall not in any manner be construed as confirmation or acceptance of the candidate's ST social status by KNRUHS. The final decision regarding the social status of the candidate shall be subject to the outcome of the verification/enquiry by the competent authority concerned.

The Principal is therefore requested to take necessary action accordingly.

Yours faithfully,
03/9/26
REGISTRAR

Enclosures:
Undertaking format.

KAKATIYA MEDICAL COLLEGE, HANUMAKONDA

Fee structure of UG-MBBS course for the

Academic year 2026-27

COLLEGE FEE FOR OC & BC STUDENTS TO BE PAID AT THE TIME OF ADMISSION: **"29,000/-"**

COLLEGE FEE FOR SC & ST STUDENTS TO BE PAID AT THE TIME OF ADMISSION: **"27,000/-"**

COLLEGE FEE SHOULD BE PAID IN THE FORM OF DEMAND DRAFT IN FAVOUR OF **"PRINCIPAL KMC, HANUMAKONDA"** FROM ANY NATIONALIZED BANK.

Kaloji Narayana Rao University Fee

Rs.12,000/- for All India Quota students only

DEMAND DRAFT IN FAVOUR OF **"THE REGISTRAR, KNR UNIVERSITY OF HEALTH SCIENCES, WARANGAL"** PAYABLE AT WARANGAL"

Kakatiya Medical College, Hanumakonda

★ UG-MBBS Fee Structure 2026-27 ★

② COLLEGE FEE

- **OC & BC Students:** **Rs. 29,000/-**
- **SC & ST Students:** **Rs. 27,000/-**

To be paid at the time of admission.

College fee should be paid in the form of Demand Draft in favour of **"Principal, KMC, Hanumakonda"** from any nationalized bank.

KALOJI NARAYANA RAO UNIVERSITY FEE

- **Rs. 12,000/- for All India Quota students only**

Demand Draft in favour of **"The Registrar, KNR University of Health Sciences, Warangal"** payable at Warangal.

③ HOSTEL FEE STRUCTURE

S.No	Description	Amount	Frequency
1	Non Refundable Amount	5000/-	One time
2	Caution Deposit	5000/-	One time
3	Rent (Rs.1000/- per Month x 12)	12,000/-	Yearly
4	Hostel Admission Application Fee	1000/-	One time
TOTAL		**23,000/-**	

KAKATIYA MEDICAL COLLEGE, HANUMAKONDA

HOSTEL FEE STRUCTURE :

S.NO	DESCRIPTION	AMOUNT	FREQUENCY
1	Non Refundable Amount	5000/-	One time
2	Caution Deposit	5000/-	One time
3	Rent (Rs.1000/- per Month x 12)	12,000/-	Yearly
4	Hostel Admission Application Fee	1000/-	One time
	Total	23,000/-	

FOR ANY HOSTEL RELATED QUIRES CONTACT :

FOR UG **MEN'S** HOSTEL – **9966951978**

FOR UG **WOMEN'S** HOSTEL- **9948090663.**

APPENDIX

PLEASE FILL APPLICABLE FORMS……

APPENDIX - A

Self-Certification Affidavit
(To be filled by all applicants under PwBD Category)

Name of the Candidate:

NEET UG 2026 Roll No:

NEET UG 2026 Rank:

UDID No:

Disability Type:

- Locomotor
- Hearing
- Visual
- Cognitive/SLD
- Others: _____ (Please specify)

Disability Percentage as per UDID card: _____ %

Assistive Devices Used (if any): _____

Essential Functional Competencies:

Competency Area	Description	Candidate Declaration (✓/✗)
A. Communication	I can communicate clearly and empathetically with people using assistive devices	
B. Hearing	I can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants. I undertake to fulfil the eligibility criteria set under Form Appendix B	
C. Dominant Hand Functionality	I can write and hold instruments using my dominant or aided hand. I undertake to fulfil the eligibility criteria set under Appendix C and D	
D. Understanding/Communication	I can follow and comprehend medical terminology and maintain social interaction. I undertake to fulfil the eligibility set under Form Appendix E	
E. Vision	My vision improves to the percentage lower than 40% I can perform with the help of Low vision Aid I undertake to fulfil the eligibility criteria set under Form Appendix F	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

NOTE: Persons with benchmark disabilities other than Locomotor /Visual/ Hearing/ SLD/ ASD/ Mental illness will have to submit the self-certified affidavit at Appendix A only (Eg: Blood Disorders – Haemophilia, Thalassemia and Sickle Cell disease, Chronic Neurological Conditions etc.)

APPENDIX - B

AFFIDAVIT
(HEARING IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I have hearing loss in
  - Right Ear
  - Left Ear
  - Both Ears
  - Neither

- I use
  - Prescribed Hearing Aid
  - Cochlear Implant
  - None

I declare as under:

Sl.No	Functional Ability regarding following Activities declared	Candidate Declaration (✓/✗)
1	Communicate effectively using the above-mentioned assistive devices	
2	Engage in a conversation in a quiet and noisy environment	
3	Understand and respond to verbal instructions	
4	Carry out phone conversations	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX - C

AFFIDAVIT
(LOCOMOTOR DISABILITY)
(UPPER EXTREMITY-COORDINATED ACTIVITY)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my functional ability in performing the basic Coordinated Activities as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	Can you lift overhead objects and place them at the same place?	
2	Can you touch tip of the nose with the tip of a finger?	
3	Can you eat by yourself?	
4	Can you groom, comb and plate by yourself?	
5	Can you put on a shirt/kurta/upper garment on your own?	
6	Can you clean yourself after toileting (Act of Ablution)?	
7	Can you Drink water holding a Glass/tumbler?	
8	Can you button/unbutton your clothes?	
9	Can you put on trousers/pant/lower garment/Tie Nara, Dhoti using the Zip as the case may be?	
10	Can you hold a Pen/Pencil and write?	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX - D

AFFIDAVIT
(LOCOMOTOR DISABILITY)
(LOWER EXTREMITY-STABILITY COMPONENTS)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my functional ability to perform the following functions as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	Can you bear weight and stand on both legs?	
2	Can you bear weight and stand on your affected leg?	
3	Can you walk on plain surfaces?	
4	Can you sit on a chair by yourself?	
5	Can you take turn to the right and left side?	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX E

AFFIDAVIT
(MENTAL ILLNESS/SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM SPECTRUM DISORDER)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my ability to perform the following functions as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	I can communicate clearly and empathetically with people	
2	I can listen and respond to speech in both quiet and noisy environments	
3	I can follow instructions, comprehend required medical terminology, and maintain social interaction	
4	I can understand and respond to verbal instructions and can carry out phone conversations	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX F

AFFIDAVIT
(VISUAL IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I have visual impairment in
  - Left Eye
  - Right Eye
  - Both Eye
  - Neither
- I am using Low Vision Aid (s)
- With the use of Low Vision Aid, I declare the fulfilment of following criteria:

Sl.No	**ALL MANDATORY CRITERIAS FULFILLED WITH THE LOW VISION AID**	**Candidate Declaration (✓/X)**
1	Best corrected visual acuity improves such that the visual disability becomes less than 40%	
2	The field of vision is > 40 degree in the eye which is using the LVA	
3	The LVA is hands free and suitable for everyday use	

- I hereby affirm that I can perform with the use of Low Vision Aid.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by: