ANNEXURE-II

(Non-JudicialStamp paperfor Rs. 100/-)

(FOR ALLCANDIDATES)

I,DrselectedforPostGraduate Degree/Diplomafortheyear2026-27doherebyundertaketocompletethesaidcourse as per therequirements of the University. Inthe event of my leaving the studies afterjoining thecourse, Iundertake topaytotheKNRUniversity ofHealth Sciences a sumof**Rs.50,00,000/- (Rupees Fifty lakhs only)** and refund the amount received asstipend/salaryuptothatdatetoGovernment.

DATE:

Witness: **SignatureoftheCandidate**

1. Signature:
   Nameandaddressinfull Nameandaddressinfull

1.Signature: 2.Signatureofparent:
Nameandaddressinfull Nameandaddressinfull

N.B.:1.The Bondformatshallbetypedon theNonJudicialstampedpaper.

NOTARY

PROFORMA FOR UNDERTAIKNGIN THE FORM OFAFFIDAVIT(ON NON-JUDICIALSTAMPPAPERSOFRS.100/ -)

UNDERTAKING

I,.....(Candidatename)

S/o/D/o.....,bearingPGNEET2026

RankNo.....and I,.....

(Parent name)F/o/M/o.....,bearingPGNEET2026

RankNo.....

herebygiveanundertaking asbelow,inconnection withtocertificates submitted for admission into Post Graduate Courses for the Academic Year 2026-27in Colleges affiliatedtoKNRUniversity ofHealthSciences.We,herebydeclarethatallourcertificates aregenuine.

Iamaware that ifthesubmitted relevant certificate (s)is/are found tobenot genuineatalaterdate,myadmission isliabletobecancelledandIamliableforcriminal prosecution, asmaybelegallydeemed fit.Further Iagree thatIabide bytheRulesand Regulations ofKNRUniversityofHealthSciences.IalsoherebyundertakethatIshallnot enterintolegallitigation,iftheseatallottedtomeiscancelled,fortheabovereasons.

Date:

Place:

SignatureoftheParent/Guardian **SignatureoftheCandidate**

AadharNo.
Address:

Date:

Place:

NOTARY

(ONNON-JUDICIALSTAMPPAPEROFRS.100/-)

ANNEXUREI AFFIDAVITBYTHESTUDENT

IRegistrationNo._____

S/o, D/o,havingbeenadmittedto **Kakatiya**

MedicalCollege,Hanumakonda, have receivedacopyoftheUGCRegulationson CurbingtheMenaceofRagginginHigherEducationalInstitutions 2009.(Hereinaftercalled the"Regulations")carefullyreadandfullyunderstoodtheprovisions constrainedinthesaid Regulations.

2)Ihave,inparticular, perusedclause3of theRegulations andamawareastowhatfully constitutesragging.

3)Ihavealso,Inparticular, Perusedclause7 andclause9.1of theRegulations and Iamfullyawareof thepenalandadministrativeactionthatisliabletobetakenagainstmein caseIamfoundguiltyof orabettingragging,activelyorpassively,orbeingpartofaconspiracytopromoteragging.

4)Iherebysolemnlyeverandundertakethat

a)Iwillnotindulgeinanybehaviororact thatmaybeconstitutedasraggingunderclause3of theRegulations.

b)Iwillnotparticipateinorabetorpropagatethroughanyactofcommissionoromission thatmaybeconstitutedasraggingunderclause3of theRegulations.

5)Iherebyaffirmthat,iffoundguiltyofragging,Iamliablepunishment accordingtoclause9.1ofthe Regulations,withoutprejudicetoanyothercriminalactionthatmaybetakenagainstmeunderany penallaworanylawforthetimebeingin force.

6)IherebydeclarethatIhavenotbeenexpelledordebarredformadmissioninanyinstitutioninthe countryonaccountofbeingfoundguiltyof,abettingorbeingpartofaconspiracytopromote, ragging;and furtherthataffirmthat,incasethedeclarationisfoundtobeuntrue,Iamawarethat myadmissionisliabletobecancelled.

Declaredthisdayofmonthofyear.

Signatureofthe

StudentName:

NOTARY

(ONNON-JUDICIALSTAMPPAPEROFRS.100/-)

ANNEXURE-IIAFFIDAVITBYPARENT/GUARDIAN

1) Mr./Mrs./Ms.(full name of parent / guardian)father /mother /guardian of _____

(full nameofstudent withadmission/registration/enrolmentnumber)havingbeenadmitted to **KakatiyaMedical College, Hanumakonda**, have received a copy of the UGC Regulations on Curbing the MenaceofRagginginHigherEducationalInstitutions2009.(Hereinaftercalledthe "Regulations")carefullyreadandfullyunderstoodtheprovisionsconstrainedinthesaidRegulations.

2)I have, in particular, perused clause 3 of the Regulations and am aware as to what fully constitutesragging.

3)Ihavealso,Inparticular,Perusedclause7andclause9.1oftheRegulationsandamfullyaware ofthepenalandadministrativeactionthat isliabletobetakenagainst meincaseIamfound guiltyoforabettingragging,activelyorpassively,orbeingpart ofaconspiracytopromote ragging.

4)I herebysolemnlyeverandundertakethat

a)Mywardwillnotindulgeinany behaviororactthatmay beconstitutedasragging underclause3of theRegulations.

b)Mywardwillnotparticipateinorabetorpropagatethroughanyactof commissionorcommission thatmay beconstitutedasraggingunderclause3 of theRegulations.

5)Iherebyaffirmthat,iffoundguiltyofragging,mywardliableforpunishmentaccordingtoclause 9.1of theRegulations,withoutprejudicetoanyother criminalaction thatmay betakenagainst mywardunderanypenallaworanylawforthetimebeinginforce.

6) I hereby declare that my ward has not been expelled or debarred form admission in any institutioninthe countryonaccountofbeingfoundguiltyof,abettingorbeingpartofa conspiracytopromote,ragging;and furtherthat affirmthat,incasethedeclaration isfoundto be untrue,theadmissionof mywardisliabletobecancelled.

Declarethisdayofmonthofyear.

Signatureofthe

ParentName:

Address:
Telephone/MobileNo.

NOTARY

(OnNon-JudicialStamppaperforRs.100/-)

pROFORMAOFAGREEMENTBONDFORCANDIDATES ADMITTEDTOPGMEDICALCOURSES2026-27

THISDEEDOFBONDISEXECUTEDATON THISDAYOFBY Name:S/O,D/O,W/O_____

Residing At(PermanentAddress):_____

_____

MobileNo:_____

mailid:_____

AADHAR NO._____

TOINFAVOUROFPRINCIPALCOLLEGE

WHEREAS the Party of the FIRST PART have applied for admission to PGMedicalcourse inTelanganaState and the Partyofthe FIRSTPARThasbeen selectedto the said course.

AspertheGO.Ms.No.155,HM&FW (C1), Department, Dated:18-11 -2021and the ProspectusofKNRUHS,thePartyoftheFIRSTPARThasagreed toservetheGovernmentofTelanganaatany oftheGovernmentInstitutionsasperthe orders of StateGovernment foraperiodoneyear(For NonServiceCandidates)after successful completionofthePGcourseandon suchfailureof notcompletingthefull bond periodofservice,thePartyoftheFIRSTPARTshallforthwithpayasum of Rs.20,00,000 forPGDegree and Rs.10,00,000forPGdiploma course

AND WHEREASforthebetterprotectionoftheGovernment,thePartyoftheFIRST PART hasagreedtoexecutethebondwith2suretieswhoareGovernmentGazettedOfficers/IncomeTaxassessesto stand guarantee forthe above said amount.

AND WHEREAS the Party of the FIRST PART have also agreed that on successfulcompletionofthePostgraduationcourse,theParty oftheFIRST PART shall successfully completetherequisitebondperiodofoneyearserviceorpay tothe GovernmentofTelangana(DirectorofMedical Education)ondemandthesumofRs. Lakh only) and on such default together with interestatGovernmentratesthereon fromthe date ofdemand on the said amount.

NOTARY

The Partyofthe FIRSTPARTor his/ her legal heirs, executorsandadministratorsshallforthwithpaytotheGovernmentondemandthe said sumofRs./-(RupeesLakh only) together with interest in the eventofdefaultbythe Partyofthe FIRSTPART.

AND upon the Party of the FIRST PARTor

1.or 2._____

Thesuretiesaforesaidmakingsuchpayment,theabovewritten bond shallbe void and beofno effect,otherwiseitshallremainin force and virtue

PROVIDEDalwaysthattheliabilityofthesuretieshereundershallnotbeimpaired ordischargedbyreasonabletimebeinggrantedorbyanyforbearance,actoromissionof theGovernmentorany personauthorizedby them(Whetherwithorwithouttheconsent knowledgeofthesureties)norshallitbenecessaryfortheGovernmenttosuethePartyofthe FIRSTPARTbeforesuingthesureties

1._____

2._____

Oranyofthemfortheamountduehereunder

Thisbondshallinallrespectsbe governed bythe LawsofIndia, forthetimebeingin force,and therightsandliabilities shall,wherenecessary,beaccordinglydeterminedbythe appropriate courtsin India.

Thisbondisexemptedfromstampduty,underArticle57ofSchedule-IoftheIndian Stamp Act,1899. (CentralActIIof1899)

NOTARY

NOWTHEDEEDOFINDEMNITY BONDWITNESSESASFOLLOWS:

1.ThePartyoftheFIRSTPARThasagreedtoservetheGovernmentofTelanganafora period ofone yearon successfulcompletion of the PGcourse and in the eventofdefaultthe Partyofthe FIRSTPARTshallpay forthwith a sumofRs. _____Lakhsonly)to the GovernmentofTelangana(DirectorofMedicalEducation).

2.Forthe aforesaidamountofRs. lakhsonly the eventofsuch defaulttillpaymentof Rs. Lakhs only) is paid to the GovernmentofTelangana

Signed and Dated at _____

.

on this the day of_ Signed and delivered bythe Partyofthe FIRSTPART_____

Signature ofthe Candidate:

PANNo.ofSurety1: AadharNo.

SignedanddeliveredbytheSurety Signature ofthe Suretywith seal.

_____

Inthe presence of:

Witness1. Witness2

Name: Name:

Address: Address:

Signature Signature

PANNo.ofSurety2 :

AadharNo.

Signedanddelivered bythe Surety_____

Signature ofthe Suretywith seal.

_____I

nthe presence of:

Witness1. Witness2

Name: Name:

Address: Address:

Signature Signature

ACCEPTED

Forandon behalfofanyofthe order anddirection ofthe GovernmentofTelangana.

Date :

Station: Principal

MedicalCollege

NOTE:-

1. Enclose **SELFATTESTED**xeroxcopiesofthe**AadharandPanCards**ofthe 2suretieswhoareGovernmentGazettedOfficers/IncomeTaxpayers

NOTARY

ANNEXURE-II

(Non-JudicialStamp paper for Rs.100/-)

(FOR NON – SERVICECANDIDATES)

I,Drselected for Post Graduate Degree/Diploma for the year 2026-27do hereby undertake to serve the(Institute where they pursued the course) as a senior resident for a period of one year after successful completion of the PG Degree/Diplomacourses

DATE:

Witness: **SignatureoftheCandidate**

1.Signature:
Nameandaddressinfull

Nameof candidateand addressinfull

2.Signature:
Nameandaddressinfull

2.Signatureofparent:
Nameandaddressinfull

N.B.:1.The Bondformatshallbetypedon theNonJudicialstampedpaper Rs.100/-.

KNRUHS ANTI-DRUG UNDERTAKING PROFORMA FOR ANTI-DRUG UNDERTAKING / DECLARATION IN THE FORM OF AFFIDAVIT

(ON NON-JUDICIAL STAMP PAPERS WITH NOTARY Rs.100/-)

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: Course:	Relationship with Student:
College:	Address:
Academic Year:	Mobile No.:

Signature of the Student	Signature of the Parent / Guardian

Place:
Date:

DECLARATION

I, Dr. _____ hereby declare that all the information given uploaded by me in the application is factually correct and true to the best of my knowledge and belief.

I undertake that in the event of any information being found false or incorrect at any stage, my candidature is liable to be cancelled and I will not claim on the seat allotted to me by the competent authority.

SIGNATURE

BIODATA FORM

To
The Principal
Kakatiya Medical College
Hanumakonda

I Dr…….. Selected for the Post Graduate Degree/Diploma …….. course vide MCC, India/CQ KNRUHS selection order and I am reporting at Kakatiya Medical college, Hanumakonda for issue of further posting.

1	Full Name of the candidate	
2	Father's Name	
3	Name of the Course	
4	Gender	
5	Date of Birth (as per SSC)	
6	Caste	
7	Sub caste	
8	Identification Marks	
9	Address	
10	Candidate Mobile No	
11	Father/Mother Mobile No.	
12	E mail id	
13	Aadhar Number	
14	MBBS Graduated at	
15	Internship Completion Date	
16	MBBS Registration No and Registration council name, Date	
17	PG NEET Hall Ticket No	
18	Marks Obtained in entrance Exam	
19	PG NEET Rank	
20	Admission Under Quota	
21	Service/Non Service	
22	Date of admission in the college	

I declare that the above information provided by me is true in all respect and in case any information found to be false, my admission would stand cancelled automatically.

Hence, I request you to kindly issue me the admission order.

SIGNATURE

KAKATIYA MEDICAL COLLEGE, HANUMAKONDA

PG DEGREE/DIPLOMA ADMISSIONS 2026-27

LIST OF DOCUMENTS REQUIRED AT THE TIME OF REPORTING.

1. Provisional Allotment Order ……
2. Admit Card/ Hall Ticket ……..
3. Rank Card ……..
4. SSC ……..
5. 12th class Marks Sheet ……..
6. Bonafide/ Study and Conduct Certificates (1st to MBBS) ……..
7. Memorandum of Marks in MBBS ……..
8. MBBS Degree Certificate ……..
9. MBBS Permanent Registration Certificate ……..
10. Compulsory Rotatory Internship Certificate ……..
11. Transfer Certificate……..
12. Migration Certificate……
13. Certificate SC/ST/OBC/EWS ……..
14. Physically Handicapped Certificate ……..
15. Bio data form ……..
16. Joining Report of the student in the Institution ……..
17. Individual's Declaration……..
18. ID Proof- Aadhar card Xerox……..
19. DD Details :

20. 4

DD No. & Date	Name of The Bank	Amount	Paid In Favor of	Payment Towards
		Rs. 25,000/-	PRINCIPAL, KMC,HNK	College fee
		Rs. 35000/-	The Registrar, KNRUHS,Wgl	University fee
		Rs.5000/-	The Registrar KNRUHS,Wgl	Equivalence Fee if the candidate completed MBBS from other state
		Rs.7000/-	The Registrar KNRUHS,Wgl	Equivalence Fee if the candidate completed MBBS from other country

copies of latest Photographs ……

21. Submission of bond for Rs. 50,00,000 toward discontinuation of the PG course……
22. Submission of bond for Rs. 20,00,000 for MD/MS Courses and Rs. 10,00,000 for Diploma Courses in case failure to serve the Government for a period of one year after completion of the PG course……..
23. Undertaking Bond ……
24. Anti-Ragging Affidavit a) Student……
    b) Guardian……..
25. Diploma Certificate ……..
26. Service Certificate ……..
27. Xerox copy of Bank pass book with self attestation……..
28. 2 Sets of Xerox copies of the above all certificates……
29. Any Others ……

ANNEXURE- III

A SELF DECLARATION BY INSERVICE CANDIDATES

I,Dr._____ Son/Daughter of _____ is in service and working as under the administrative control of _____ have put up the following service as on Dt: 30/09/2026

1. Tribal Service : _____Years _____Months _____Days

2. Rural Service : _____Years _____Months _____Days

3. Other Service : _____Years _____Months _____Days

I do hereby declare that I do not have any Post Graduate Degree or Diploma / I have a Post graduate Degree/Diploma in _____(Specify the subject). I satisfy the definition of "In service candidate" as per G.O. Ms. No.155, HM&FW (C1) Dept., Govt. of Telangana, Dated: 18-11-2021.

My Date of Birth is _____ and I am having the requisite period of 5 years leftover service after completion of the course to serve the Government. If this declaration is found to be incorrect and false I am liable for action for submitting false declaration in addition to cancellation of admission into the Post Graduate course. I certify that the above information is true and correct.

Date: **Signature of the candidate**

Name (in capitals):

Mobile Number:

Address

ANNEXURE - III B

SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL/DENTAL SELECTION AS PER GOVERNMENT ORDERS

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. _____Son/Daughter _____of is in service and working as _____under the administrative control of_____.

He/She is already having_____ P.G. Diploma (Specify the specialty- If no information write Nil).

He/She is eligible under Service Quota for selection into any PG Degree / Diploma (Strike off the one not applicable) admission into P.G. Medical/Dental Courses for the year 2026-27 as per orders of Govt. of T.S. vide G.O.M.s.No.155 HM&FW (C1) Dept., Dated: 18-11-2021, Govt. of Telangana. His / Her date of birth is_____ and he / she is having the requisite minimum 5 years of left over period of service after completion of the course.

SERVICE AS ON 30/09/2026.

Type of service	**Place of Service**	**Service**		**Total Period of Service**
		From:	**To:**	
1) Tribal Service		DD/MM/YY	DD/MM/YY	
2) Rural Service		DD/MM/YY	DD/MM/YY	
3) Other Service		DD/MM/YY	DD/MM/YY	

Signature of HOD (SEAL)

Date: