

**KAKATIYA MEDICAL COLLEGE, HANUMAKONDA**

**MBBS ADMISSIONS 2021-2022**

**\*All the documents "MUST" be submitted "ORIGINAL" in the "SAME ORDER" along with "TWO SETS OF XEROX COPIES"**

1. Provisional Allotment Order
2. NEET Admit card
3. NEET Rank Card
4. Bonafide /Study and Conduct Certificates (1<sup>st</sup> class to Intermediate)
5. SSC marks memorandum
6. 12<sup>th</sup> class marks memorandum
7. Transfer Certificate
8. Migration Certificate (Applicable only if the candidate has studied in states other than Telangana & AP)
9. Equivalent certificate (Applicable only if the candidate has studied in states other than Telangana & AP)
10. Social Status Certificate
11. OBC/EWS Certificate (**Valid, if issued from 1<sup>st</sup> April, 2020 to the start of reporting for round 1**)
12. PWD certificate (**MUST be issued by regional centers only**)
13. NCC/Sports/CAP/PMC Certificate
14. ID proof - Aadhar card (Xerox)
15. 6 Copies of latest color photos
16. Joining Report
17. **College fee Rs. 17315/-** (Rupees seventeen thousand three hundred and fifteen only) - Transactions can be done through DD drawn in favour of "**Principal, KMC, Hanumakonda**" (CDS & ADF) – Student name, rank no. & contact no. **MUST** be written on the backside of DD **OR** through NEFT/RTGS transfer to the following account

**A/c No.,030210011902464 “Principal, KMC, Hanumakonda” (Academic Development Fund)**

**Union Bank, KMC Campus Branch, Hanumakonda, IFSC code: UBIN0803022**

18. **Equivalency fee of Rs. 10,000/-** (Ten thousand only) - Transactions can be done through DD drawn in favour of **“Registrar, KNR UHS, Hanumakonda”** (Applicable only to those students who have studied in states other than Telangana and AP & got admission into MBBS course under All India Quota at Kakatiya Medical College, Hanumakonda) Student name, rank no. & contact no. **MUST** be written on backside of DD
19. Genuinity Certificate - On non-Judicial stamp paper of Rs.100
20. Discontinuation bond (for 3 lakhs) - On non-Judicial stamp paper of Rs.100
21. Covid vaccination certificate (double doses)/RT-PCR negative report (taken within 72 hours prior to physical reporting) – **MUST** be submitted at the time of commencement of classes.

**\*NOTE:** Because of the prevailing covid surge, only single parent/guardian along with the candidate is allowed into the college for certificate verification & admission process. **We request you to kindly cooperate.**

PRINCIPAL

**KAKATIYA MEDICAL COLLEGE, HANUMAKONDA**

**MBBS ADMISSIONS 2021-2022**

**STUDENT'S MEDICAL CHECK-UP FORM**

1. NAME ----- Age -----

Rank No. ----- H.T.No -----

2. **IDENTIFICATION MARKS:**

i)

ii)

3. **HISTORY OF PREVIOUS ILLNESS:**

(If any)

4. **MEDICAL EXAMINATION:**

a) B.P.:

b) Pulse rate:

c) General check-up:

SIGNATURE WITH NAME OF THE PHYSICIAN

5. **URINE EXAMINATION:**

Albumin -

Sugar -

SIGNATURE WITH NAME OF THE BIOCHEMIST

6. **SURGICAL EXAMINATION:**

General check-up including any deformations

SIGNATURE WITH NAME OF THE SURGEON

7. **OPHTHALMIC EXAMINATION:**

a) Vision:

b) Color blindness:  
(If any)

SIGNATURE WITH NAME OF THE OPHTHALMOLOGIST

To be admitted

PRINCIPAL



## **JOINING REPORT**

Date: / /2022

To  
The Principal  
Kakatiya Medical College  
Hanumakonda

Respected Sir,

I \_\_\_\_\_

S/o, D/o \_\_\_\_\_ NEET Rank \_\_\_\_\_

H.No. \_\_\_\_\_

am joining I MBBS course for the academic year 2021-2022 allotted under  
MCC/KNRUHS.

I am reporting at your college on \_\_\_\_\_

Hence, I request you to kindly accept my joining report.

“Thanking you sir”

Yours faithfully,

NAME (IN CAPITALS)

Mobile no.:

Mail ID:

**KAKATIYA MEDICAL COLLEGE, HANUMAKONDA**  
**MBBS ADMISSIONS 2021-2022**  
**STUDENT DETAILS**

**\* ALL THE COLUMNS ARE MANDATORY AND NAME & ADDRESS TO BE**

**FILLED IN CAPITAL LETTERS ONLY**

1. Name of the student: \_\_\_\_\_

Gender: Male/Female                      Date of Birth: \_\_\_\_\_

NEET Rank: \_\_\_\_\_                      Marks obtained: \_\_\_\_\_

Category: \_\_\_\_\_                      Sub-category: \_\_\_\_\_

Central/State: \_\_\_\_\_ (Photo attested by Parent/Guardian)

Date of Admission: \_\_\_\_\_ Admission No.: \_\_\_\_\_

Aadhar No.: \_\_\_\_\_

Any illness/if yes specify: \_\_\_\_\_ Whether on medication: \_\_\_\_\_

College in which last studied: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

Are you eligible for any type of scholarship: Yes/No

If yes, specify: \_\_\_\_\_

Identification marks:

a)

b)

2. Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mobile No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

Aadhar No.: \_\_\_\_\_

3. Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

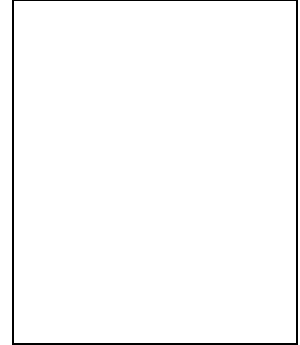
Mobile No.: \_\_\_\_\_ Email ID: \_\_\_\_\_

Aadhar No.: \_\_\_\_\_

4. Siblings & their qualification:

a)

b)



5. Hostel Accommodation Requirement: Yes / No

**(Hostel accommodation will be provided, subjected to the availability and covid situations, on first come first serve basis)**

6. Postal Address (Present): \_\_\_\_\_  
\_\_\_\_\_

7. Postal Address (Permanent): \_\_\_\_\_  
\_\_\_\_\_

8. Local Guardian in emergency: (Applicable to hosteler)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Guardian Address: \_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ hereby declare that the above given information is all correct to the best of my knowledge.

Signature of the Student

Signature of Father

Signature of Mother

(NAME IN CAPITALS)

(NAME IN CAPITALS)

(NAME IN CAPITALS)

Signature of the Parent/Guardian

(NAME IN CAPITALS)

**KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES**

**HANUMAKONDA**

**MBBS ADMISSIONS 2021-2022**

**PROFORMA FOR BOND**

**TO BE SUBMITTED AT THE TIME OF ADMISSION IN THE FORM OF AFFIDAVIT**

**(ON NON – JUDICIAL STAMP PAPER OF RS.100/-)**

I .....

S/o / D/o.....bearing UG NEET 2021

Rank No. .... and Hall -Ticket No. .... selected for admission into

MBBS Course for the Academic Year 2021-2022 in colleges under KNR University of

Health Sciences do hereby undertake to complete the said course as per the regulations

of KNR University of Health Sciences.

In the event of my discontinuing the studies after joining the course, after the last date of free exit for admissions as notified by the university, I undertake to pay to the KNR University of Health Sciences, a sum of **Rs. 3,00,000/- (Rupees Three Lakhs only)**

Signature of the Parents

Signature of the Candidate

1.

NAME (IN CAPITALS):

Aadhar No.:

Address:

NAME (IN CAPITALS):

Aadhar No.:

Address:

2.

NAME (IN CAPITALS):

Aadhar No.:

Address:

PLACE:

DATE:





**GENUINITY CERTIFICATE**

**PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT**

**(ON NON-JUDICIAL STAMP PAPER OF Rs. 100/-)**

**UNDERTAKING**

I ..... (candidate name)

S/o / D/o..... bearing UG NEET 2021

Rank No. ....

I ..... (parent name)

F/O/M/O ..... bearing UG NEET 2021

Rank No. ....

hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into M.B.,B.S. for the academic year 2021-2022 in colleges affiliated to KNR University of Health Sciences. We here by 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 & I am liable for criminal prosecution, as may be legally deemed fit. Further I agree that I abide by the rules & 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

NAME (IN CAPITALS)

NAME (IN CAPITALS)

Aadhar No.:

Aadhar No.:

Address:

DATE:

PLACE:

**KAKATIYA MEDICAL COLLEGE, HANUMAKONDA**  
**DECLARATION**

I, hereby solemnly and sincerely affirm that the statement made, and information furnished by me in the application forms and in all the enclosures there to submit by me is true and correct. I have not kept any information furnished there in is fraudulent, incorrect of untrue material particulars. I realize that I am liable to criminal prosecution, and I also agree to forego my seat in the college.

I shall abide by the decision of the selection committee of M.B.,B.S., Principal, Kakatiya Medical College, Hanumakonda; KNR University of Health Sciences, Hanumakonda; and Director of Medical Education, T.S., Hyderabad. Their decision shall be final and binding on me.

I shall abide by the rules & regulations of the college at present in force and to be framed from time to time by the competent authorities.

SIGNATURE OF THE CANDIDATE

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I have read the information furnished by my son / daughter / ward and affirm that it is true and if it is found that the provided information was fraudulent, I am liable to criminal prosecution during his / her study period in Kakatiya Medical College, Hanumakonda. If my son / daughter is involved in any unsocial and criminal activities OR his/her character and conduct found to be not up to the satisfaction of the teachers, I agree for his / her dismissal from the course.

DATE:

SIGNATURE OF THE FATHER/ GAURDIAN (IF FATHER IS NOT ALIVE)

OFFICIAL ADDRESS AND CONTACT NO.:

RESIDENTIAL ADDRESS AND CONTACT NO.:

**ANNEXURE I**

**AFFIDAVIT BY THE STUDENT**

I ----- Registration No. -----

S/o / D/o -----, having been admitted to Kakatiya Medical College, Hanumakonda, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009. (Hereinafter called the "Regulations") carefully read and fully understood the provisions constrained in the said Regulations.

2) I have perused clause 3 of the Regulations and am aware as to what fully constitutes ragging.

3) I have also perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly ever and undertake that

a) I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, I am liable to be punished according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.

6) I hereby declare that I have not been expelled or debarred form admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging; and further I affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this ----- day of ----- month of ----- year.

Signature of the student

NAME (IN CAPITALS)



**ANNEXURE - II**

**AFFIDAVIT BY THE PARENT / GUARDIAN**

1) Mr. /Mrs./Ms. \_\_\_\_\_ (full name of parent/guardian) father/mother/guardian of \_\_\_\_\_ (full name of student with admission / registration / enrolment number) having been admitted to Kakatiya Medical College, Hanumakonda, have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions 2009. (Hereinafter called the "Regulations") carefully read and fully understood the provisions constrained in the said Regulations.

2) I have perused clause 3 of the Regulations and am aware as to what fully constitutes ragging.

3) I have also perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.

4) I hereby solemnly ever and undertake that

a) My ward will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.

b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.

5) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging; and further I affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declared this -----day of ----- month of -----year.

Signature of the Parent

NAME (IN CAPITALS)

Address:

Contact no.:

