

Kakatiya medical College
BSC Allied Courses Admission 2023-24

Required Certificates

1. University Provisional Selection Order
 2. Bonafide /Study and conduct Certificate
 3. SSC Certificate
 4. Social Status Certificate//EWS Certificate (**If Applicable**)
 5. Intermediate Certificate
 6. Transfer Certificate
 7. PHC/NCC/Sports/EWS certificate (**If Applicable**)
 8. D.D.
(**Rs. 20,000/- Fee in favor of Principal, KMC, Hanumakonda**)
 9. 3 Copies of Latest Color Photos
 10. Aadhaar Card (Xerox)
 11. Affidavit Bond for Discontinuation of Course (Rs. 50,000/-)
 12. Under taking Bond
 13. Anti ragging affidavit Bond by the Student
 14. Anti ragging affidavit Bond by the parent
- (2 sets of Xerox copies of the above certificates)

(ON NON- JUDICIAL STAMP PAPER OF RS.20/-)

A F F I D A V I T

I**S/D/o**and selected B.Sc. Allied Health Courses for the year 2023-24 do hereby under take to complete the said course as per the requirements of the KNR University of Health Sciences, Warangal in the event of my leaving the studies after joining the course or in default or any other reason. I undertake to pay KNR university of Health Sciences a sum of **Rs. 50,000/- (Rupees Fifty thousand only)** or such amount as specified by the KNR University of Health Sciences.

Date :

Signature of the Parent
Candidate

Signature of the

Witness:

1. Signature
Name and address in full

2. Signature
Name and address in full

(ON NON- JUDICIAL STAMP PAPER OF RS.20/-)

U N D E R T A K I N G

I S/D/o, bearing Roll No and F/o, Rank No. hereby give an undertaking as below in connection with our claim with regard to certificates submitted for admission into B.Sc. Allied Health Sciences Course for the academic year 2023-24 in College affiliated to KNR university of Health Sciences, Warangal. We hereby declare that all our certificates are genuine.

I am aware that if the submitted relevant certificates is/are to be not genuine at a later date, my admission liable to be cancelled and I am liable for criminal prosecution, as may be legally demed fit. Further I agree that I abide by the rules and regulations of KNR University of Health Sciences, Warangal.

I also hereby undertake that I shall not enter into legal litigation, if the seat allotted to me is cancelled, for the above reason.

Signature of the parent
Candidate
Aadhar No :
Address :

Signature of the

Date

Place

(ON NON- JUDICIAL STAMP PAPER OF RS.20/-)

ANNEXURE I

AFFIDAVIT BY THE STUDENT

IRegistration 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, in particular, perused clause 3 of the Regulations and am aware as to what fully constitutes ragging.
- 3) I have also, In particular, 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 punishment 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 that 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:

(ON NON- JUDICIAL STAMP PAPER OF RS.20/-)

ANNEXURE - II

AFFIDAVIT BY 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. (Here in after called the “Regulations”) carefully read and fully understood the provisions constrained in the said Regulations.
- 2) I have, in particular, perused clause 3 of the Regulations and am aware as to what fully constitutes ragging.
- 3) I have also, In particular, 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 commission that may be constituted as ragging under clause 3 of the Regulations.
- 5) I hereby affirm that, if found guilty of ragging, my ward 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 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 that affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.

Declare this _____ day of _____ month of _____ year.

Signature of the Parent
Name:
Address:
Telephone / Mobile No.