

ANNEXURE - II

(Non-Judicial Stamp paper forRs. 100/-)

(FOR ALL CANDIDATES)

I, Dr.....selected for Post Graduate Degree/Diploma for the year 2024-25 do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to the KNR University of Health Sciences a sum of **Rs.50,00,000/-** (Rupees Fifty lakhs only) and refund the amount received as stipend/salary up to that date to Government.

DATE :

Sureties :

Signature of the Candidate

1. Signature :
Name and address in full

Candidate Name and address in full

2. Signature :
Name and address in full

2. Signature of parent:
Name and address in full

N.B. : The Bond format shall be typed on the Non Judicial stamped paper

//NOTARY//

**PROFORMA OF AGREEMENT BOND FOR CANDIDATES ADMITTED TO PG
MEDICAL COURSES 2024-2025**

THIS DEED OF BOND IS EXECUTED AT _____ ON THIS
DAY OF BY

Name: _____ S/O, D/O, W/O _____

Residing At (Permanent Address): _____

Mobile No: _____

mail id: _____ AADHAR NO. _____

TO IN FAVOUR OF PRINCIPAL _____ COLLEGE

WHEREAS the Party of the FIRST PART have applied for admission
to PG Medical course in T elangana St at e and the Party of the FIRST
PART has been selected to the said course.

As per the GO.Ms.No.155, HM&FW (C1), Department, Dated:18-
11 - 2 0 2 1 a n d t h e Prospectus of KNRUHS, the Party of the FIRST PART has
agreed to serve the Government of Telangana at any of the Government Institutions as
per the orders of State Government for a period one year (For Non Service Candidates)
after successful completion of the PG course and on such failure of not completing the full
bond period of service, the Party of the FIRST PART shall forthwith pay a sum of Rs.
20,00,000 for PG Degree and Rs. 10,00,000 for PG diploma course

AND WHEREAS for the better protection of the Government, the Party of the
FIRST PART has agreed to execute the bond with 2 sureties who are Government
Gazetted Officers/ Income Tax assesses to stand guarantee for the above said amount.

AND WHEREAS the Party of the FIRST PART have also agreed that on
successful completion of the Post graduation course, the Party of the FIRST PART shall
successfully complete the requisite bond period of one year service or pay to the
Government of Telangana (Director of Medical Education) on demand the sum of Rs.
_____ Lakh only) and on such default together with
interest at Government rates thereon from the date of demand on the said amount.

The Party of the FIRST PART _____ or his/ her legal heirs, executors and administrators shall forthwith pay to the Government on demand the said sum of Rs. _____ / -(Rupees _____ Lakh only) together with interest in the event of default by the Party of the FIRST PART.

AND upon the Party of the FIRST PART _____ or
1. _____ or 2. _____

The sureties aforesaid making such payment, the above written bond shall be void and be of no effect, otherwise it shall remain in force and virtue

PROVIDED always that the liability of the sureties hereunder shall not be impaired or discharged by reasonable time being granted or by any forbearance, act or omission of the Government or any person authorized by them (Whether with or without the consent knowledge of the sureties) nor shall it be necessary for the Government to sue the Party of the FIRST PART before suing the sureties

1. _____

2. _____

Or any of them for the amount due hereunder

This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

This bond is exempted from stamp duty, under Article 57 of Schedule- I of the Indian Stamp Act, 1899. (Central Act II of 1899)

NOW THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1. The Party of the FIRST PART has agreed to serve the Government of Telangana for a period of one year on successful completion of the PG course and in the event of default the Party of the FIRST PART shall pay forthwith a sum of Rs. _____ (Lakhs only)

to the Government of Telangana (Director of Medical Education).

2. For the aforesaid amount of Rs. _____ lakhs only
the event of such default till payment of Rs. _____ Lakhs only) is paid to the Government of
Telangana

Signed and Dated at _____

_____ on this the _____ day of _____

Signed and delivered by the Party of the FIRST PART _____

Signature of the Candidate:

PAN No. of Surety 1 :

Aadhar No.

Signed and delivered by the Surety _____ Signature of
the Surety with seal. _____

In the presence of :

Witness 1.

Witness 2

Name:

Name:

Address:

Address:

Signature

Signature

PAN No. of Surety 2 :

Aadhar No.

Signed and delivered by the Surety _____

Signature of the Surety with seal. _____

In the presence of :

Witness 1.

Witness 2

Name:

Name:

Address:

Address:

Signature

Signature

ACCEPTED

For and on behalf of any of the order and direction of the Government of Telangana .Date :

Station :

Principal

_____ Medical College

Note:

1. The Bond format shall be typed on the Non Judicial stamped paper.
2. Two Sureties – Only Gazetted Officers/ Income Tax Payee
3. Also Enclose Self attested Copies of PAN & Aadhar Of the Sureties

**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 2023
Rank No and I,
(Parent name) F/o , bearing UG NEET 2023
Rank No

hereby give an undertaking as below, in connection with to certificates submitted for admission into Post Graduate Courses for the Academic Year 2023-24 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.

Date :

Place:

Signature of the Parent / Guardian

Signature of the Candidate

Aadhar No.

Address :

Date:

Place:

//NOTARY//

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

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, 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 myadmission is liable to be cancelled.

Declared this _____ day of _____ month of _____ year.

Signature of the Student

Name:

//NOTARY//

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

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 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 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:

Mobile:

//NOTARY//

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 Superspecialty entrance Exam	
19	PG NEET Rank	
21	Admission Under Quota	
22	Service/Non Service	
23	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.

Date :

SIGNATURE

KAKATIYA MEDICAL COLLEGE, HANUMAKONDA

PG SUPERSPECIALTY ADMISSIONS 2024-25

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 Certificate of 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 :

DD No. & Date	Name of The Bank	Amount	Paid In Favor of	Payment Towards
		Rs. 25,000/-	PRINCIPAL, KMC,HNK	College fee
		Rs. 29,600/-	Registrar, KNRUHS,Wgl	University fee
		Rs.5000/-	Registrar KNRUHS,Wgl	Equivalence Fee if the candidate completed MBBS from other state
		Rs.7000/-	Registrar KNRUHS,Wgl	Equivalence Fee if the candidate completed MBBS from other country

20. 4 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 30-09-2024

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 2024-25 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- 09-2024.

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:

KAKATIYA MEDICAL COLLEGE: HANUMAKOJNDA

PG Fee Structure for the Academic Year 2024-25

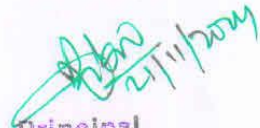
S.No	PARTICULARS	AMOUNT	FREQUENCY	
1.	University Fee	Rs. 29,600/-	One Time	(Only for AIQ candidates to be paid at the time of admission)
2.	College Fee	Rs.25,000/-	Yearly	AIQ & State Candidates
3.	Hostel Fee	Rs.18,000/-	Once a Year	AIQ & State Candidates
	Total	Rs. 72,600/-		

The following payments to the University in Demand Draft (DD) form, from any nationalized bank (in favour of "THE REGISTRAR, KNRUHS, WARANGAL") if applicable, at the time of admission.

1. AIQ Candidates to Pay **University Fee of Rs. 29,600/-** .
2. Additional one time payment of **Rs. 5000/-** Equivalency Fee for Candidates who completed MBBS from colleges other than Telangana & Andhra Pradesh states.
3. Additional one time payment of **Rs. 7000/-** Equivalency Fee for Candidates who completed MBBS from other Countries.

The following payment to the College in the form of Demand Draft (DD), from any nationalized bank (in favour of "THE PRINCIPAL, KMC, HANUMAKONDA"), at the time of admission.

1. AIQ & State Quota Candidates to Pay **College Fee of Rs. 25,000/-**


Principal
Kakatiya Medical College
Hanumakonda