#### ANNEXURE - II

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

#### (FOR ALL CANDIDATES)

I, Drselecte	ed 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 <b>Rs</b>	s.50,00,000/- (Rupees Fifty lakhs only) and			
refund the amount received as stipend/salary up to t	hat 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 CANDIDATESADMITTED TO PG MEDICAL COURSES 2024-2025

THIS DEED OF BOND IS EXECUTED AT	ON THIS
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 to PG Medical course in Telangana St at e and the Pa	
PART has been selected to the said course.	
As per the GO.Ms.No.155, HM&FW (C1), Departm 11 - 2021 and the Prospectus of KNRUHS, the Party of the agreed to serve the Government of Telangana at any of the Government per the orders of State Government for a period one year (For Non after successful completion of the PG course and on such failure of no bond period of service, the Party of the FIRST PARTshall forthwith 20,00,000 for PG Degree and Rs. 10,00,000 for PG diploma course	e FIRST PART has ment Institutions as Service Candidates) of completing the full pay a sum of Rs.
FIRST PART has agreed to execute the bond with 2 sureties who Gazetted Officers/ Income Tax assesses to stand guarantee for the about	
AND WHEREAS the Party of the FIRST PART have also successful completion of the Post graduation course, the Party of the successfully complete the requisite bond period of one year service of Telangana (Director of Medical Education) on demand Lakh only) and on such de	e FIRST PART shall vice or pay to the the sum of Rs.
interest at Government rates thereon from the date of demand on the sa	•

The Party	of the FIRST PA	RT	or	his/ her	legal l	neirs,
executors and adr	ministrators shall	forthwith pay to	the Governme	ent on dem	and the	said
sum of Rs		/ -(Rupees_	Lal	kh only)	together	with
interest in the ever	nt of default by the	e Party of the F	IRST PART.			
	n the Party of					
			<u>-</u> -			
The sureties	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	o always that the	ne liability of	the sureties I	nereunder	shall no	ot be
impaired or disch	arged by reason	able time being	g granted or by	any forbe	arance, a	act or
omission of the C	Sovernment or ar	ny person autho	orized by them	(Whether \	with or wi	thout
the consent knowledge of the sureties) nor shall it be necessary for the Government to						
sue the Party	of the FIRST F	PART before s	uing the sureti	es		
1						

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 IndianStamp 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 se	rve the Government of Telangana for a period of	one
year on successful completion of the PG course an	nd in the event of default the Party of the FIRST P	'ART
shall pay forthwith a sum of Rs	( Lakhs only)	
to the Government of Telangana ( Director of Me	dical 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 Governmer	nt of
Telangana		
Signed and Dated at		
on this theday of		
Signed and delivered by the Party of the FIRS	Γ PART	
Signature of the Candidate:		
PAN No. of Surety 1 :	Aadhar No.	
Signed and delivered by the Surety	Signature of	f
the Surety with seal.		
In the presence of : Witness 1.	Witness 2	
Name:	Name:	
Address:	Address:	
Signature	Signature	
PAN No. of Surety 2 :	Oignature	
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 direct	tion 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 UNDERTAIKNG IN THE FORM OF AFFIDAVIT(ON NON-IUDICIAL STAMP PAPERS OF RS.100/-)

#### UNDERTAKING

l,	(Candidate name)		
S/o / D/o	, bearing UG NEET 2024		
Rank No and I,			
(Parent name ) F/o	, bearing UG NEET 2024		
Rank No			
hereby give an undertaking as below, in connadmission into Post Graduate Courses for the Acader KNR University of Health Sciences. We, hereby declare	mic Year 2024-25 in Colleges affiliated to		
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**

	IRegistration No
	S/o, D/o, having been admitted to <b>Kakatiya Medical</b>
	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.
-	I hereby solemnly ever and undertake that I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the Regulations.
	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.  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 thisday ofmonth ofyear.
	Signature of the Student
	Name:

#### (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				
	$\underline{\textbf{Kakatiya Medical College, Hanumakonda}} \ , \ \text{have received a copy of the UGC Regulations on}$				
	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 underclause 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 wardunder 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.				
De	clare thisday ofmonth ofyear.				
Sig	nature of the Parent				
Na	me:				
Ad	dress:				
Mo	bile:				

//NOTARY//

#### ANNEXURE - III

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

#### (FOR ALL CANDIDATES)

1,	S/D/o	selected for Post Graduate Degree/Diploma for
the year 2024-25 do he	ereby undertake to serve the	Kakatiya Medical College, Hanumakonda as a
Senior Resident for a pe	eriod of one year after success	sful completion of PG Degree/Diploma Course.
DATE:		
Sureties:		Signature of the Candidate
1. Signature : Name and address in fu	111	Candidate Name and address in full
2. Signature : Name and address in fu	n111	<ul><li>2. Signature of parent:</li><li>Name and address in full</li></ul>

//NOTARY//

## **DECLARATION**

I, Dr l	nereby
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**

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:

### KAKATIYA MEDICAL COLLEGE, HANUMAKONDA

#### PG SUPERSPECIALTY ADMISSIONS 2024-25

#### LIST OF DOCUMENTS REQUIRED AT THE TIME OF REPORTING.

1.	Provisional A	llotment Order				
2.	Admit Card/ Hall Ticket					
3.	,					
4.						
5.	12th class Mar	ks Sheet				
6.	Bonafide/ Stu	dy and Conduct Cert	ificate of MBB	S		
7.	Memorandun	of Marks in MBBS	•••••			
8.	MBBS Degree	Certificate	••••			
9.	MBBS Perman	nent Registration Cer	tificate			
10.	Compulsory F	Rotatory Internship C	Certificate			
11.	Transfer Cert	ificate				
12.	Migration Cer	tificate				
13.	Certificate SC	/ST/OBC/EWS				
14.	Physically Ha	ndicapped Certificate	<u></u>			
15.	Bio data form					
16.	Joining Repor	t of the student in the	e Institution			
17.	Individual's D	eclaration				
18.	ID Proof- Aad	har card Xerox				
19.	DD Details :					
Ι	OD No. & Date	Name of The Bank	Amount	Paid In Favor	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	
		_				
		est Photographs				
					he PG course	
22.					10,00,000 for Diploma Courses	
			_		ter completion of the PG	
22	course					
<b>24.</b>	Anti-Ragging	Affidavit a) Student				
	b) Guardian					
25.	Diploma Certi	ficate				
26.	6. Service Certificate					
27.	7. Xerox copy of Bank pass book with self attestation					
28.	3. 2 Sets of Xerox copies of the above all certificates					
29.	O. Any Others					

#### ANNEXURE- III

#### A SELF DECLARATION BY INSERVICE CANDIDATES

I,	Dr			
Son/Daughter of _				is in service and working as
under the adminis	strative contr	rol of		
have put up the follo	owing 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 Po	st Graduat	e Degree or Diploma / I have a
Post graduate Degre	e/Diploma in	L	(Sp	pecify the subject). I satisfy the
definition of "In serv	ice candidate'	" as per G.O	. Ms. No.1	55, HM&FW (C1) Dept., Govt. of
Telangana, Dated: 18	8-11-2021.			
My Date of Birth is	<b>.</b>			and I am having the requisite
period of 5 years left	over service a	after complet	ion of the	course to serve the Government.
If this declaration is	found to be i	incorrect and	d false I an	n liable for action for submitting
false declaration in	addition to ca	ncellation of	admission	n into the Post Graduate course.
I certify that the abo	ve information	n is true and	l correct.	
Date:			Sig	nature 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.							So	n/Da	ughter
	of	is	in	servi	ce	and	wor	king	as
	und	er	the		admi	nistrati	ve	(	control
of		·	He/S	he	is	alr	eady		having
	P.G.	Diplo	ma (Speci	fy the	special	ty-If no	inforr	natio	n write
Nil). He/She is eligible und	er Servio	ce Que	ota for se	lection	into a	ny PG I	Degree	/ D:	iploma
(Strike off the one not appl	icable)	admis	ssion into	P.G.	Medica	ıl/Denta	al Cou	rses	for the
year 2024-25 as per order	s of Gov	t. of	T.S. vide	e G.O.M	I.s.No.1	.55 HM	l&FW	(C1)	Dept.,
Dated: 18-11- 2021,	Govt.	of	Telangar	na, H	is /	Her	date	of	birth
is	and he	/ she	is having	g the re	quisite	minim	num 5	years	of left
over period of service after	completion	on of t	the cours	e. SERV	ЛСЕ А	S ON 3	0- 09-	2024	•

Type of	Place of	Service	Service		
service	Service	From:	To:	Service	
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		

<b>a</b> :	CIIOD	(ODAT)
Signature	OT 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, atthe 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 Pradeshstates.
- 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"), atthe time of admission.

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

Principal
Kakatiya Medical College
Hanumakonda