KAKATIYA MEDICAL COLLEGE: HANUMAKONDA :: TELANGANA
UG MBBS Admissions 2026-27

Documents to be submitted during the admission procedure

1. Application **(Joining Report)**
2. Provisional Selection Order (**from KNRUHS/MCC**)
3. NEET Admit card
4. NEET Rank Card
5. Bonafide/Study and conduct Certificate **(1st to Inter)**
6. SSC Marks Memo
7. Intermediate Marks Memo
8. Transfer Certificate
9. Migration Certificate **(If studied in other State)**
10. Equivalent certificate **(If studied in other State, apply through https://tgbienew.cgg.gov.in/home.do)**
11. Social Status Certificate/EWS Certificate **(Latest Financial Year)**
12. PWD certificate **(If Applicable signed by competent authority)**
13. NCC/Sports/CAP/PMC **(If Applicable signed by competent authority)**
14. Aadhar Card **(e-validated)**
15. Discontinuation Bond Paper notarized of Rs. 100 **(for Rs.20 Lakhs)**
16. On non Judicial stamp paper notarized of Rs. 100 **(Anti ragging affidavit by the Student)**
17. On non Judicial stamp paper notarized of Rs. 100 **(Anti ragging affidavit by the Parent)**
18. On non Judicial stamp paper notarized of Rs.100 **(Genuinity of certificate).**
19. On non Judicial stamp paper notarized of Rs.100 **(Anti-Drug Declaration Bond)**
20. On non Judicial stamp paper notarized of Rs.100 for PWD Candidates

(SELF DECLARATION AFFIDAVITS & APPENDIX B,C,D,E,F IF APPLICABLE)

SUBMIT THE DOCUMENTS IN THE ABOVE MENTION ORDER WITH 2 SETS OF XEROX COPIES (PHOTOCOPIES)

NOTARIZATION MANDATORY

KNRUHS GENUINITY BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

I, _____ (candidate name), S/o / D/o _____, bearing UG NEET 2026 Roll No _____, UG NEET 2026 Rank _____

And

I, _____ (parent/guardian name), F/o _____, bearing UG NEET 2026 Roll No _____, UG NEET 2026 Rank _____

Hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into MBBS/BDS courses for the Academic Year 2026-27 in _____ (college name), affiliated to Kaloji Narayana Rao University of Health Sciences. We, hereby declare that all our certificates are genuine.

Iam 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 Kaloji Narayana Rao 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**

Aadhaar No.
Address:

Date: **Place:**

NOTARIZATION MANDATORY

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAIKNG IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

I, (Name of the candidate) S/o, D/o (Name of the parent), Selected for MBBS/BDS Course do hereby undertake to complete the course as per the requirement of KNR University of Health Sciences. Telangana, Warangal in the event of my discontinuing the studies after joining the course or after the date of announcement of second phase of admissions. I under take to pay KNR University of Health Sciences, a sum of Rs. 20,00,000/- (Rupees Twenty lakhs only) and I am aware that I will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of Rs. 20,00,000/ (Rupees Twenty lakhs only) towards forfeiture of the bond in accordance to the G.0.Ms.No.125, 126 and 127 HM&FW Dept Dated: 22.09.2022

Signature of the candidate

I, (Name of the parent), parent of Mr/Ms. (Name of the candidate), do here by undertake to pay KNR University of Health Sciences, a sum of Rs 20,00,000.00/- (Rupees Twenty lakhs only) in case of discontinuation of MBBS Course after joining or after the date of announcement of second phase of admissions by my son/daughter and I am aware that my son/daughter will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of Rs.20,00,000/- (Rupees Twenty lakhs only) towards forfeiture of the bond in accordance to the G.O.Ms.No. 125,126 and 127/HM&FW Dept Dated: 22.09.2022

Signature of the Parent

Witnesses: 1)

2)

DATE: PLACE:

NOTARIZATION MANDATORY

KNRUHS ANTI-DRUG UNDERTAKING

PROFORMA FOR ANTI-DRUG UNDERTAKING / DECLARATION IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

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:
NEET Roll No:
Course:
College:
Academic Year:

Name of Parent / Guardian:
Relationship with Student:
Address:
Mobile No.:

Signature of the Student

Signature of the Parent / Guardian

Place:

Date:

NOTARIZATION MANDATORY

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, Warangal, 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) 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 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.

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

Signature of the Parent

Name:

Address:

Telephone / Mobile No.

NOTARIZATION MANDATORY

ANNEXURE I

AFFIDAVIT BY THE STUDENT

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

S/o, D/o ----------, having been admitted to Kakatiya Medical College, Warangal, 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:

NOTARIZATION MANDATORY

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, Warangal, 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) 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 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.

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

Signature of the Parent

Name:

Address:

Telephone / Mobile No.

KAKATIYA MEDICAL COLLEGE, HANUMAKONDA

HOSTEL FEE STRUCTURE :

S.NO	DESCRIPTION	AMOUNT	FREQUENCY
1	Non Refundable Amount	5000/-	One time
2	Caution Deposit	5000/-	One time
3	Rent (Rs.1000/- per Month x 12)	12,000/-	Yearly
4	Hostel Admission Application Fee	1000/-	One time
	Total	23,000/-	

FOR ANY HOSTEL RELATED QUIRES CONTACT :

FOR UG **MEN'S** HOSTEL – **9966951978**

FOR UG **WOMEN'S** HOSTEL- **9948090663.**

APPENDIX

PLEASE FILL APPLICABLE FORMS……

APPENDIX - A

Self-Certification Affidavit
(To be filled by all applicants under PwBD Category)

Name of the Candidate:

NEET UG 2026 Roll No:

NEET UG 2026 Rank:

UDID No:

Disability Type:

- Locomotor
- Hearing
- Visual
- Cognitive/SLD
- Others: _____ (Please specify)

Disability Percentage as per UDID card: _____ %

Assistive Devices Used (if any): _____

Essential Functional Competencies:

Competency Area	Description	Candidate Declaration (✓/✗)
A. Communication	I can communicate clearly and empathetically with people using assistive devices	
B. Hearing	I can hear and respond to speech in both quiet and noisy environments, with or without hearing aids or cochlear implants. I undertake to fulfil the eligibility criteria set under Form Appendix B	
C. Dominant Hand Functionality	I can write and hold instruments using my dominant or aided hand. I undertake to fulfil the eligibility criteria set under Appendix C and D	
D. Understanding/Communication	I can follow and comprehend medical terminology and maintain social interaction. I undertake to fulfil the eligibility set under Form Appendix E	
E. Vision	My vision improves to the percentage lower than 40% I can perform with the help of Low vision Aid I undertake to fulfil the eligibility criteria set under Form Appendix F	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

NOTE: Persons with benchmark disabilities other than Locomotor /Visual/ Hearing/ SLD/ ASD/ Mental illness will have to submit the self-certified affidavit at Appendix A only (Eg: Blood Disorders – Haemophilia, Thalassemia and Sickle Cell disease, Chronic Neurological Conditions etc.)

APPENDIX - B

AFFIDAVIT
(HEARING IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I have hearing loss in
  - Right Ear
  - Left Ear
  - Both Ears
  - Neither

- I use
  - Prescribed Hearing Aid
  - Cochlear Implant
  - None

I declare as under:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/X)**
1	Communicate effectively using the above-mentioned assistive devices	
2	Engage in a conversation in a quiet and noisy environment	
3	Understand and respond to verbal instructions	
4	Carry out phone conversations	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX - C

AFFIDAVIT
(LOCOMOTOR DISABILITY)
(UPPER EXTREMITY-COORDINATED ACTIVITY)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my functional ability in performing the basic Coordinated Activities as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	Can you lift overhead objects and place them at the same place?	
2	Can you touch tip of the nose with the tip of a finger?	
3	Can you eat by yourself?	
4	Can you groom, comb and plate by yourself?	
5	Can you put on a shirt/kurta/upper garment on your own?	
6	Can you clean yourself after toileting (Act of Ablution)?	
7	Can you Drink water holding a Glass/tumbler?	
8	Can you button/unbutton your clothes?	
9	Can you put on trousers/pant/lower garment/Tie Nara, Dhoti using the Zip as the case may be?	
10	Can you hold a Pen/Pencil and write?	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX - D

AFFIDAVIT
(LOCOMOTOR DISABILITY)
(LOWER EXTREMITY-STABILITY COMPONENTS)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my functional ability to perform the following functions as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	Can you bear weight and stand on both legs?	
2	Can you bear weight and stand on your affected leg?	
3	Can you walk on plain surfaces?	
4	Can you sit on a chair by yourself?	
5	Can you take turn to the right and left side?	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX E

AFFIDAVIT
(MENTAL ILLNESS/SPEECH DISORDERS/SPECIFIC LEARNING DISORDER/AUTISM SPECTRUM DISORDER)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I declare that I am suffering from _____ Disability.
- The condition causing this disability is diagnosed as _____
- I am using / not using any assistive device/artificial limb etc.
- I declare my ability to perform the following functions as below:

Sl.No	**Functional Ability regarding following Activities declared**	**Candidate Declaration (✓/✗)**
1	I can communicate clearly and empathetically with people	
2	I can listen and respond to speech in both quiet and noisy environments	
3	I can follow instructions, comprehend required medical terminology, and maintain social interaction	
4	I can understand and respond to verbal instructions and can carry out phone conversations	

- I hereby affirm that I possess the essential competencies and am capable of successfully undertaking the MBBS course.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by:

APPENDIX F

AFFIDAVIT
(VISUAL IMPAIRMENT)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

- I have visual impairment in
  - Left Eye
  - Right Eye
  - Both Eye
  - Neither
- I am using Low Vision Aid (s)
- With the use of Low Vision Aid, I declare the fulfilment of following criteria:

Sl.No	**ALL MANDATORY CRITERIAS FULFILLED WITH THE LOW VISION AID**	**Candidate Declaration (✓/✗)**
1	Best corrected visual acuity improves such that the visual disability becomes less than 40%	
2	The field of vision is > 40 degree in the eye which is using the LVA	
3	The LVA is hands free and suitable for everyday use	

- I hereby affirm that I can perform with the use of Low Vision Aid.
- I am aware that any false declaration may result in revocation of my admission.

Deponent Signature:

Date:

Place:

Notarized by: