ANNEXURE - II

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

(FOR ALL CANDIDATES)

I, Dr	selected for Post Graduate
Degree/Diploma for the year 2025-26 do hereby	undertake to complete the said course as per
the requirements of the University. In the even	at 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	t 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	Signature of parent:Name and address in full

N.B. : The Bond format shall be typed on the Non Judicial stamped paper $/\!/\text{NOTARY}/\!/$

PROFORMA OF AGREEMENT BOND FOR CANDIDATESADMITTED TO PG MEDICAL COURSES 2025-26

THIS DEED OF BOND IS EXECUTED	D AT	ON THIS
DAY OF	BY	
Name:	, S/o / D/o	
Residing at (Permanent Address)		
Mobile No:		
mail id:	AADHAR NO	
TO IN FAVOUR OF PRINCIPA	AL	COLLEGE
WHEREAS the Party of the PG Medical course in Telangana Selected to the said course.		
As per the GO.Ms.No.155 11 - 2 0 2 1 a n d t h e Prospecti agreed to serve the Government of ber the orders of State Government after successful completion of the PG bond period of service, the Party of 20,00,000 for PG Degree and Rs. 10,	Telangana at any of the Govern for a period one year (For Non a course and on such failure of no the FIRST PART shall forthwith	e FIRST PART has nment Institutions as Service Candidates) of completing the full
AND WHEREAS for the bett FIRST PART has agreed to execu Gazetted Officers/ Income Tax assess		ho are Government
AND WHEREAS the Party successful completion of the Post grasuccessfully complete the requisite Government of Telangana (Director of the Post grasuccessfully complete the requisite Government of Telangana (Director of the Post grasuccessfully complete the requisite Government rates thereon	e bond period of one year se of Medical Education) on demand _Lakh only) and on such de	e FIRST PART shall rvice or pay to the d the sum of Rs. efault together with

The Party of the FIRST PART	or his/ her legal heirs,				
executors and administrators shall forthwith pay to the Go	overnment on demand the said				
sum of Rs/ -(Rupees	Lakh only) together with				
interest in the event of default by the Party of the FIRST PA	ART.				
AND upon the Party of the FIRST PART_	or				
1or 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	d 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 ne	ecessary for the Government to				
sue the Party of the FIRST PART before suing the	e 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 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 of one year on successful completion of the P				_		-	
the FIRST PART shall pay	forth	with	а	sum	1	of	Rs
· ·	<u>(</u> Lakhs d	only)					
to the Government of Telangana (Director of No. 2. For the aforesaid amount of Rs. the event of such default till payment of Rs. Government of Telangana	Medical Ed	,	s only only)	is	paid	to	the
Signed and Dated atday of							
Signed and delivered by the Party of the FIRST	PART						
Signature of the Candidate:							
PAN No. of Surety 1 :	Aadl	har No.					
Signed and delivered by the Surety							
Signature of the Surety with seal.							
In the presence of : Witness 1		w	itness	2			
Name:		Na	ame:				
Address:		Ad	ddress:				
Signature		Si	gnature)			
PAN No. of Surety 2 : Signed and delivered by the Surety		Aadhar N					
Signature of the Surety with seal.							
In the presence of : Witness 1		W	itness	2			
Name:		Na	ame:				
Address:		Ad	ddress:				
Signature		Si	gnature)			
ACCEPTED							
For and on behalf of any of the order and direct	tion of the	Governme	ent of T	elang	ana .		
Date :							
Station:		Prir	ncipal Medi	cal Co	llege		

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

I,	(Candidate name)
S/o / D/o	, bearing PG NEET 2025
Rank No and I,	
(Parent name) S/o	, hereby give an undertaking as
below, in connection with to certificates submitted for	r admission into Post Graduate Courses
for the Academic Year 2025-26 in Colleges affiliated	to KNR University of Health Sciences.
We, hereby declare that allour certificates are genuine	2.
I am aware that if the submitted relevant congenuine at a later date, my admission is liable to be prosecution, as may be legally deemed fit. Further I Regulations of KNR University of Health Sciences. I a center into legal litigation, if the seat allotted to me is considered.	cancelled and I am liable for criminal agree that I abide by the Rules and also hereby undertake that I shall not
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 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.
_	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. 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 thisday ofmonth ofyear.
	Signature of the Student
	Name:

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

ANNEXURE - II AFFIDAVIT BY PARENT / GUARDIAN

Ι.	, , ,
	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
٠.	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.
	against my wardunder any penariaw of 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.
Do	cclare thisday of month of year.
De	clare thisday ofhiohth ofyear.
Sig	gnature of the Parent
Na	me:
Ad	dress:
Mc	obile:

ANNEXURE-II (Non-JudicialStamppaperforRs.100/-)

(FORNON-SERVICECANDIDATES)

I, Dr	selected for Pos
Graduate Degree/Diploma for the	year 2025-26 do here by undertake to serve the
	(Institute where they
pursued the course) as a senior	resident for a period of one year after successfu
completion of the PG Degree/Dip	oma courses
DATE:	
Witness:	Signature of the Candidate
	Name of the candidate
1.Signature:	and address in full
2.Signature:	Signature of parent:
_	Name and address infull
N.B.:1.The Bond format shall be t	yped on the Non Judicial stamped paper
	//NOTARY//

DECLARATION

I, Dr	hereby
declare that all the information given uploaded by m	e in the
application is factually correct and true to the bes	t 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

Kakat	rincipal iya Medical College nakonda	
I Dr		Selected for the Post Graduate Degree/Diploma
	C	ourse vide MCC, India /CQ KNRUHS selection order
and I a	am reporting at Kakatiya Medical colle	ge, 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 entrance Exam	
19	PG NEET Rank	
20	Admission Under Quota	
21	Service/Non Service	

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 of admission in the college

Date:

22

KAKATIYA MEDICAL COLLEGE, HANUMAKONDA

PG DEGREE/DIPLOMA ADMISSIONS 2025-26

LIST OF DOCUMENTS REQUIRED AT THE TIME OF REPORTING.

1.	Provisional Allotment Order					
2.	Admit Card/ Hall Ticket					
3.	,					
4.						
5.	12th class Ma	arks Sheet				
6.	Bonafide/St	tudy and Conduct Ce	rtificate of MB	BS		
7.	•	m of Marks in MBBS				
8.	MBBS Degre	e Certificate				
9.		anent Registration C				
10.		Rotatory Internship				
		tificate				
		ertificate				
	_	C/ST/OBC/EWS				
		andicapped Certifica				
		n				
		ort of the student in t				
		Declaration				
		dhar card Xerox				
19.	DD Details :					
		L 0-1 - 1	1 -			
ענ	No. & Date	lame of The Bank	mount	aid In Favor of	ayment Towards	
			Rs. 25,000/-	PRINCIPAL,	College fee	
				KMC,HNK		
			Rs. 29,600/-	Registrar,	University fee	
				KNRUHS,Wgl		
			Rs.5000/-	Registrar	Equivalence Fee if the	
			KS.3000/-	KNRUHS,Wgl	candidate completed MBBS	
				Kittons, vv gi	from other state	
			Rs.7000/-	Registrar	Equivalence Fee if the	
				KNRUHS,Wgl	candidate completed MBBS	
					from other country	
					•	
20.	4 copies of la	atest Photographs				
21.	Submission	of bond for Rs. 50,00	0,000 toward d	iscontinuation of	the PG course	
					s. 10,00,000 for Diploma	
					ne year after completion of the	
	PG course			*		
23.	Undertaking	Bond				
		g Affidavit a) Studen				
	23 (•				

ANNEXURE- III

A SELF DECLARATION BY INSERVICE CANDIDATES

I,	Dr		
Son/Daughter of _			_ is in service and working as
under the adminis	trative control of		
have put up the foll	owing service as or	Dt: 31.08.2025	
1. Tribal Service	:Yea	arsMonths	sDays
2. Rural Service	:Yea	arsMonths	sDays
3. Other Service	:Yea	arsMonths	sDays
I do hereby declare	that I do not have	any Post Gradua	te Degree or Diploma / I have a
Post graduate Degre	ee/Diploma in	(S	pecify the subject). I satisfy the
definition of "In ser	vice candidate" as	per G.O. Ms. No.	155, HM&FW (C1) Dept., Govt.
of Telangana, Dated	l: 18-11-2021.		
period of 5 years Government. If this	leftover service declaration is four declaration in add	after completion nd to be incorrect lition to cancella	and I am having the requisite of the course to serve the and false I am liable for action tion of admission into the Post true and correct.
Date: Name (in capitals):		Si	gnature of the candidate
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/Da	aughter
	of	is	in	service	and	working	as
	und	er	the	ad:	ministrati	ve	control
of		_•	He/S	he is	s alre	eady	having
	_ P.G.	Diplor	na (Spe	cify the s	specialty-I	f no infor	mation
write Nil). He/She is eligible	under	Servic	e Quota	a for selec	tion into	any PG D	egree /
Diploma (Strike off the on	e not	applic	able) a	dmission	into P.G.	Medical,	Dental
Courses for the year 2025-	26 as	per or	ders of	Govt. of	T.S. vide	G.O.M.s.	No.155
HM&FW (C1) Dept., Dated:	18-11-2	2021,	Govt. of	Telangan	ıa, His /	Her date o	of birth
is a	nd he	/ she	is havir	ng the req	uisite mir	imum 5 y	rears of
left over period of service afte	r comp	letion	of the co	ourse.			
SERVICE AS ON 31- 08 -202	5.						

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

Signature	of HOD	(SEAL)

Date: