

PRATHIMA INSTITUTE OF MEDICAL SCIENCES
NAGUNUR, KARIMNAGAR.

(CQ)

LIST OF ORIGINAL CERTIFICATES FOR PG ADMISSION FOR THE YEAR 2025-26 BATCH
CONVENOR QUOTA (CQ)

| | | |
|---|-----------------------|---|
| Name of the Candidate (As per MBBS Degree) | : | |
| NEET APPLICATION ID: | | NEET ROLL.NO. |
| NEET Marks | | KNRUHS STATE Rank |
| Father Name (As per Intermediate) | : | |
| Mother Name | : | |
| Course | : | MD/MS : |
| Caste | : | OC / BC-A, B, C, D, E / SC / ST / PWD Sub-Caste : |
| TYPE OF SEAT | CONVENOR QUOTA (CQ) | |
| | SERVICE / NON SERVICE | |
| Enclosures | 1 | NEET ADMIT CARD - NEET- PG 2025 |
| | 2 | NEET SCORE / RANK CARD - NEET - PG 2025 |
| | 3 | KNRUHS (2025-26 batch) ALLOTMENT ORDER OF THE CANDIDATE |
| | 4 | KNRUHS REGISTRATION. APPLICATION FORM |
| | 5 | KNRUHS REGISTRATION. FEE RECEIPT (29,600/-) |
| | 6 | KNRUHS CERTIFICATES VERIFICATION LIST |
| | 7 | S.S.C MARKS MEMO |
| | 8 | INTERMEDIATE MARKS MEMO |
| | 9 | COMPULSORY ROTATORY INTERNSHIP CERTIFICATE (CRI) |
| | 10 | ORIGINAL (MBBS) DEGREE CERTIFICATE |
| | 11 | MEDICAL COUNCIL REGISTRATION (From Telangana State Medical Council) |
| | 12 | Latest Social Status Certificate (Permanent Caste Certificate) as shown in Annexure-I in the Prospectus |
| | 13 | MBBS STUDY CERTIFICATE |
| | 14 | STUDY CERTIFICATES from 1ST to INTERMEDIATE |
| | 15 | TRANSFER CERTIFICATE (MBBS) |

| | | |
|---------------|----|---|
| | 16 | LOCAL / RESIDENCY CERTIFICATE |
| | 17 | EQUIVALENCY CERTIFICATE (If Other university) |
| | 18 | MIGRATION CERTIFICATE (If other University Degree) |
| | 19 | TRANSCRIPTS OF MARKS (MBBS) |
| | 20 | STUDENT & PARENT AADHAR CARD & PANCARD (Xerox Copies) |
| If Servic | 21 | Latest Service Certificate in case of In-service candidates as in Annexure-IV B. issued by DME/DH/Commissioner VVP/Head of concerned Departments issued |
| | 22 | RELIEVING CERTIFICATE (If sliding other college, as per KNRUHS guidelines) |
| | 23 | CUSTODIAN CERTIFICATE (If sliding other college, as per KNRUHS guidelines) |
| | 24 | PG Diploma certificate, if applicable |
| If Applicable | 25 | Minority Certificate (If applicable) |
| If applicable | 26 | Discontinuation Certificate |
| | 27 | GAP CERTIFICATE (From Tahsildar) (AFTER MBBS) |
| | 28 | PG Medical Degree / Diploma certificate (IF ANY PG DEGREE) |
| | 29 | Photo Identity Proof viz.PAN CARD / PASSPORT / D.L / Voter's ID |
| | 30 | 20 Laksh Service Bond, 50 Lakhs Course Discontinue bond, Genuinity Bond & Seat Block Bond, Anti-Ragging Bond (ALL are NON-JUDICIAL STAMP PAPERS Rs.100/-) |
| | 31 | 10 No.s RECENT PASSPORT SIZE PHOTOS (COLOUR) |
| | | Total |

Name of the COMMITTEE Member :

Signature

Date:

Receiver's Signature

ACADEMIC SECTION

REGISTRAR & ADMIN.

CHIEF ADMINISTRATIVE OFFICER

***NOTE : Above all 3 SETS OF Xerox copies submit at the time of Admission**

DEAN

**** D.D should be drawn on "PRATHIMA INSTITUTE OF MEDICAL SCIENCES, COLLEGE, Payable at Karimnagar**

COMPETENT AUTHORITY QUOTA/ MANAGEMENT QUOTA APPLICATION FORM**PRATHIMA INSTITUTE OF MEDICAL SCIENCES**
NAGUNUR, KARIMNAGAR (DIST.)-505415 T.G.INDIA PH: 0878-16381**(Office Use Only)**

Application No _____ Type of Seat: CQ/MQ1/MQ2/MQ3

NEET Rank: _____ KNRUHS Merit Rank: _____

NEET Hall Ticket no: _____ Neet Percentile: _____

NEET Marks: _____ /800 Date of Admission: _____

Recent
Passport size
Photo**P.G. Allotment order details:** _____ **Phase** _____ : **Allotted Region:** OU/AU/SVU**ADMISSION INTO MD/MS** _____ **Course from the academic year 2025-2026**Name of the Candidate : _____
(as per MBBS Degree/Capital Letters)

Father/Spouse's Name (As per Intermediate): _____

Mother Name (As per Intermediate): _____ Sex: _____

Date of Birth as per(SSC certificate) : _____ / _____ / _____

Age : _____ Place of Birth: _____

Nationality : _____ Religion: _____

Social Status :

| | | | |
|----|----|------------------------|----|
| SC | ST | BC (A / B / C / D / E) | OC |
|----|----|------------------------|----|

Caste Name : _____

Mother Tongue : _____ Blood Group: _____

Occupation & Income
of Father /Spouse : _____

Permanent Address of : _____

Father /Spouse : _____

Pin code: _____

Parent Phone No: _____ Parent Aadhar no: _____

Candidate Phone No. _____ Candidate Aadhar No: _____

Candidate Email :(Capital letters only) _____

Identification Marks (Moles) : _____

MBBS Studied College Name: _____

Name of the University : _____

Educational Qualifications:

| Description of Courses | Name of the Board | Hall Ticket no | Marks/Grade | Year of passing |
|------------------------|------------------------|-----------------------------|-------------------------------|----------------------|
| SSC | | | | |
| INTERMEDIATE | | | | |
| Degree/Diploma | Name of the University | Name of the Medical College | Name of the Teaching Hospital | MBBS Year of Passing |
| MBBS Degree | | | | |
| P.G. Diploma | | | | |

Marks Obtained in the qualifying examination (MBBS):

| Aggregate Marks Secured | Max.Marks | Marks obtained | Percentage |
|--|-------------|----------------|------------|
| 1 st MBBS (Pre-Clinical subjects) | 600 | | |
| 2 nd MBBS (Para clinical subjects) | 550 | | |
| Final MBBS Part-I (Clinical subjects) | 400 | | |
| Final MBBS Part-II (Clinical subjects) | 900 | | |
| TOTAL MARKS | 2450 | | |

Date of Completion of the Internship (DD/MM/YYYY): _____ Internship Place _____
 (Internship Completion Last Date: 31-07-2025)

TSMC / APMC Registration No. _____ Other Council name _____

Date of Registration _____

Declaration by the student

I..... declare that the information given above is true to the best of my knowledge. I have also read and understood rules and regulations and promise to abide them.

Place:

Date: _____ Signature of the Candidate

Parent Signature

(NOTARY Rs.100/- Non-Judicial Stamp Paper)

**PROFORMA OF AGREEMENT BOND FOR NON SERVICE CANDIDATES
ADMITTED TO PG MEDICAL COURSES 2025-2026**

THIS DEED OF BOND IS EXECUTED AT (place) _____ ON THIS (date) / (month) / 2025 BY

Name: _____ S/O,D/O,W/O _____ Res
iding at (Permanent Address with Pin Code): H.No ./ Flat.No.

_____ TELANGANA STATE.

Mobile No: _____

Mail Id: _____

AADHAR No: _____

TO IN FAVOUR OF PRINCIPAL, **PRATHIMA INSTITUTE OF MEDICAL SCIENCES, KARIMNAGAR**

WHEREAS the Party of the FIRST PART have applied for admission to PG Medical course in Telangana State 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:18-11-2021 and the 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.20,00,000/- (Rupees Twenty Lakh only) and on such default together with interest at Government rates thereon from the date of demand on the said amount.

(2)

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.20,00,000/- (Rupees Twenty 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.20,00,000/- (Rupees Twenty Lakh only) to the Government of Telangana (Director of Medical Education).
2. For the aforesaid amount of Rs.20,00,000/- (Rupees Twenty lakh 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: KARIMNAGAR

PRINCIPAL/DEAN

PRATHIMA INSTITUTE OF MEDICAL SCIENCES, KARIMNAGAR

(4)

ANNEXURE-II
(Non-Judicial Bond Paper for Rs.100/-)

(FOR ALL CANDIDATES)

I, Dr.....S/o,D/o.....

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 and Government Rules for admissions. In the event of my leaving the studies after joining the course, I undertake to pay to the KNRUHS 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 of Telangana .

Date:

Signature of the Candidate

Surties:

1. Signature:
Name and address in full

1.Signature:
Name and address in full

2. Signature:
Name and address in full

2.Signature of the parent
Name and address in full

ANNEXURE-I
FORMAT OF UNDERSTANDING BY THE STUDENT

1. I _____ S/O. _____ admitted to the course of MD/MS _____ Admission No. _____ at Prathima Institute of Medical Sciences, Nagunur, Karimnagar affiliated to Kaloji Narayana University of Health Sciences, Warangal have received a copy of the Regulations for prevention and Prohibition of ragging in Medical colleges/Institutions, 2021 of the National Medical Commission (NMC)
2. I have carefully read and fully understood the provisions in these Regulations.
3. I have particularly persued CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging".
4. I have also in particular persued Chapter IV and read and understood the Administrative and Penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging , actively or passively, or being a part of conspiracy to promote ragging.
5. I hereby undertake that:-
 - (i) I will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations.
 - (ii) I will not participate in or abet or propagate ragging in any from included but not limited to those that may be constituted under Section 3 of these regulations.
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC Regulations mentioned above and / or as per the law in force.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging , actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.

Signed on this _____ day of _____ month of _____ year

Signature of the candidate

Name :

Address:

Signature of Witness 1.

(Name of Witness)

Address :

Tel/Mobile No.

2.Signature of the Witness

(Name of Witness)

Address:

Tel/Mobile No.

ANNEXURE-II
FORMAT OF UNDERSTANDING BY THE PARENT

1. I _____ FATHER /Mother/Guardian of Mr.Mrs/Ms. _____ admitted to the course of MD/MS _____ Admission No. _____ at Prathima Institute of Medical Sciences, Nagunur, Karimnagar affiliated to Kaloji Narayana University of Health Sciences, Warangal Hereby declare that I have received a copy of the Regulations for prevention and Prohibition of ragging in Medical colleges/Institutions, 2021 of the National Medical Commission (NMC)
2. I have carefully read and fully understood the provisions in these Regulations.
3. I have particularly persued CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging".
4. I have also in particular persued Chapter IV and read and understood the Administrative and Penal actions that may be taken against my son/daughter/ward in case he/she is found guilty of ragging or abetting ragging , actively or passively, or being a part of conspiracy to promote ragging.
5. I hereby undertake that my son/daughter/ward:-
 - (i) will not indulge in any behaviour or act that may come under the definition of ragging as may be constituted under Section 3 of these regulations.
 - (ii) will not participate in or abet or propagate ragging in any from included but not limited to those that may be constituted under Section 3 of these regulations.
 - (iii) will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if my son/daughter/ward found guilty of any aspect of ragging, he/she may be punished as per the provision of the NMC Regulations mentioned above and / or as per the law in force.
7. I also declare that he/she has never been found to be guilty of ragging or abetting ragging , he/she actively or passively, or being part of a conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admission is liable to be cancelled / withdrawn.
- 8.

Signed on this _____ day of _____ month of _____ year

Signature of the candidate

Name :

Address:

Signature of Witness 1.

(Name of Witness)

Address :

2.Signature of the Witness

(Name of Witness)

Address:

Tel/Mobile No.

Tel/Mobile No.

I, S/o / D/o....., bearing PG NEET 2025 Rank No

and

I, F/o, bearing PG NEET 2025 Rank No.

Hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into PG Medical Courses for the Academic Year 2025-26 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.

Signature of the Parent / Guardian

Aadhar No.

Address:

Signature of the Candidate

Aadhar No.

Date:

Place:

I, Dr.....S/o,D/o..... selected for Post Graduate Degree in MD/MS.....for the year 2025-26 under Management Quota / CQ (MQ-1, MQ-2 , MQ-3 Categories) at Prathima Institute of Medical Sciences, Nagunur, affiliated to KNRUHS. I do hereby declare that I am not admitted into PG Medical Course in any Medical College in the country at present which amounts to seat blocking. I have been informed by the Principal that in the event of detection at a later date of the candidate being admitted in any other Medical College for PG Course simultaneously, the candidate will be liable for penal action by the National Medical Commission / Kaloji Narayana Rao University of Health Sciences / Government.

Date:

Signed in my present
Attested by

Principal of the College with Seal

Signature of the Candidate

Name and address in full