

PRATHIMA INSTITUTE OF MEDICAL SCIENCES
NAGUNUR, KARIMNAGAR.

(MQ)

LIST OF ORIGINAL CERTIFICATES FOR PG ADMISSION FOR THE YEAR 2025-26 BATCH
MANAGEMENT QUOTA (MQ - MQ1, MQ2, MQ3)

Name of the Candidate (As per MBBS Degree)	:		
NEET APPLICATION ID:	NEET ROLL.NO.	NEET RANK :	
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	:	MANAGEMENT QUOTA (MQ1 / MQ2 / MQ3)	
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 KNR UHS REGISTRATION. FEE RECEIPT (69,600/-) 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 NATIONAL BOARD OF EXAMINATIONS (SCREENING TEST FOR INDIAN NATIONAL WITH FOREIGN MEDICAL QUALIFICATION) ROLL. NO & 12 MEDICAL COUNCIL REGISTRATION (From Telangana State Medical Council) 13 Latest Social Status Certificate (Permanent Caste Certificate) as shown in ANNEXURE-I in the Prospectus 14 MBBS STUDY CERTIFICATE 15 STUDY CERTIFICATES FROM 1ST TO INTERMEDIATE 16 TRANSFER CERTIFICATE (MBBS) 17 NRI (MQ2) Sponsorship Certificate (DECLARATION form) 18 NRI Status certificate of the Financial supporter issued by embassy of respective country under their seal. 19 Copy of NRI Bank account pass book of the financial supporter	

	20	Copy of pass port of NRI financial supporter	
	21	Institutional Quota Sponsorship letter if applicable (MQ3)	
	22	EQUIVALENCY CERTIFICATE (If Other university)	
	23	MIGRATION CERTIFICATE (If other University)	
	24	TRANSCRIPTS OF MARKS MEMO (MBBS)	
	25	STUDENT & PARENT AADHAR CARD (Xerox Copy)	
	26	PG Diploma certificate, if applicable	
	27	Minority Certificate (If applicable)	
	28	Discontinuation Certificate	
	29	GAP CERTIFICATE (From Tahsildar) (AFTER MBBS)	
	30	PG Medical Degree / Diploma certificate	
	31	Photo Identity Proof viz.PAN card / Passport / DL / Voter's ID	
	32	20 Laksh Service Bond, 50 Lakhs Course Discontinue bond, Genuinity Bond & Seat Blocking Bond, Anti-Ragging Bond (ALL are Non-Judicial STAMP papers Rs.100/-)	
	33	10 No.s RECENT PASSPORT SIZE PHOTOS (COLOUR)	
		Total	

N.B.: ALL THE ORIGINAL CERTIFICATES WITH 3 SETS OF XEROX COPIES SHOULD BE PRODUCED AT THE TIME OF JOINING AT ALLOTTED COLLEGE OTHER WISE ADMISSION WILL BE FORFEITED

Name of the COMMITTEE Member :

Receiver's Signature

ACADEMIC SECTION

Signature

Date:

REGISTRAR & ADMIN.

CHIEF ADMINISTRATIVE OFFICER

DEAN

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

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

Date: _____

SERVICE BOND (MQ)

To:
The Principal,
Prathima Institute of Medical Sciences,
Nagunur, Karimnagar.

Sir/Madam,

I, _____ S/D/o _____ admitted into Post Graduate Degree Course in MD/MS _____ for the year 2025-2026 do here by undertake that I will serve at Prathima Institute of Medical Sciences, Nagunur, Karimnagar after successful completion of my PG Degree Course MD/MS _____ for a period of (03) three years. After completion my service period I will take my original certificates.

Signature of the Candidate
Name and address in full

Signature of Parent
Name and address in full

N.B. : Bond format shall be typed on Rs.100/- Non Judicial stamped paper

Date: _____

UNDER TAKING

To:
The Principal,
Prathima Institute of Medical Sciences,
Nagunur, Karimnagar.

Respected Sir/Madam,

I Dr. _____ S/D/o _____

has been allotted under MQ2 (NRI) / MQ3 Quota in MD/MS _____
course by Kaloji Narayana Rao University of Health Sciences, Warangal at Prathima Institute of
Medical Sciences, Nagunur, Karimnagar from the academic year 2025-2026.

I further, inform you that I will pay the tuition fee from the funds which are received
by me from the NRI sponsors during the entire course and I will take entire responsibility on
this if any.

Thanking you,

Yours faithfully,

Signature of the Student:

PAN NO:

AADHAR NO:

Signature of the Parent:

PAN NO:

AADHAR NQ:

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

(5)

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 :

2.Signature of the Witness

(Name of Witness)

Address:

Tel/Mobile No.

Tel/Mobile No.

(6)

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 pursued CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging".
4. I have also in particular pursued 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 form 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.

(2)

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:

Date:

Signature of the Candidate
Aadhar No.

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