7. Checklist of Required Documents for Competent Authority Quota:

[All originals certificates along with three (03) sets of Xerox copies (one set Xerox copy all pages student signature and full name) are to be submitted in following order]

(Note: Student Date of Birth before 2nd January 2010 only are eligible for admission as the student has to be 17 years old)

1. NEET-2026 HALL TICEKT
2. NEET-2026 RANK CARD
3. ALLOTMENT ORDER, issued by KNR UHS.
4. S.S.C. Memo or (CBSE/ICSE Pass Certificate & Statement of Marks Memo)
5. Intermediate Marks Memo or (CBSE/ICSE Pass Certificate & Statement of Marks Memo)
6. Transfer Certificate
7. Caste Certificate/Minority Certificate/EBC/EWS Certificate
8. Equivalency Certificate
9. Migration Certificate
10. Gap certificate issued by (Tahsildar)
11. Non-Judicial stamp paper of Rs.100 with Notary for discontinuation of the course (20 lakhs).
12. Non-Judicial stamp paper of Rs.100 with Notary for genuine of certificates.
13. Non-Judicial stamp paper of Rs.100 with Notary for Anti-Drug Undertaking
14. Study Certificates (1st to Inter Mandatory)
15. KNR UHS Registration Application form
16. Certificates verification receipt issued by KNR UHS
17. Local Certificate/Resident Certificate
18. NCC/CAP/PMC/PWD/Anglo Indian Certificate
19. Student Anti Ragging Bond (Non-Judicial stamp paper of Rs.100/- - Annexure-I)
20. Parent / Guardian Anti Ragging Bond (Non-Judicial stamp paper of Rs.100/- - Annexure-II)
21. Student Aadhar card **Xerox**
22. Ten (10) Latest Passport size photographs

Signature of the Admission Committee **PRINCIPAL**

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:

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:**

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:

ANNEXURE-I
FORMAT OF UNDERTAKING BY THE STUDENT
(ON NON-JUDICIAL STAMP PAPER RS.100/-)

1. I _____ (Full Name in block Letters) Son/Daughter of Mr/Mrs/Ms. _____ (Full Name in Block Letters) admitted to the course of _____ (Name of Course) with Admission No_____ at Prathima Institute of Medical Sciences, Nagunur, Karimnagar (name of college/Institution) affiliated to Kaloji Narayana Rao 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 perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging".

4. I have also in particular perused 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 behavior 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 1)
Address:
Tel/Mobile No.

Signature of Witness 2
(Name of Witness 2)
Address:
Tel/Mobile No.

ANNEXURE-II

FORMAT OF UNDERTAKING BY PARENT/GUARDIAN OF THE CANDIDATE/STUDENT

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

1. I _____ (Full Name in block Letters) Father/Mother/Guardian of Mr.Mrs/Ms. _____ (Full Name of student in Block Letters) admitted to the course of _____ (Name of Course) with Admission No_____ at Prathima Institute of Medical Sciences, Nagunur, Karimnagar (name of college/Institution) affiliated to Kaloji Narayana Rao 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 perused CHAPTER II SECTION 3 and have fully understood what constitutes "Ragging".

4. I have also in particular perused 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 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 is 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, his/her admission is liable to be cancelled/withdrawn.

Signed on this _____day of _____month of_____year

Signature of the Parent/Guardian
Name:
Address:

Signature of Witness 1
(Name of Witness 1)
Address:
Tel/Mobile No.

Signature of Witness 2
(Name of Witness 2)
Address:
Tel/Mobile No.

DD TO BE PAID IN FAVOUR OF

"PRATHIMA INSTITUTE OF MEDICAL SCIENCES COLLEGE"

PAYABLE AT KARIMNAGAR