

**PRATHIMA INSTITUTE OF MEDICAL SCIENCES
NAGUNUR, KARIMNAGAR.**

LIST OF ORIGINAL CERTIFICATES FOR PG ADMISSION FOR THE YEAR 2026-27 BATCH

COMPETENT AUTHORITY QUOTA (CQ)

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 :	:		
Aadhar Number	:		
PAN CAR NUMBER	:		
BANK SB A/C NUMBER	:		
BANK NAME & IFSC CODE	:		
TYPE OF SEAT	:	CONVENOR QUOTA (CQ)	
		SERVICE / NON SERVICE	
Enclosures	1	NEET ADMIT CARD - NEET- PG 2026	
	2	NEET SCORE / RANK CARD - NEET - PG 2026	
	3	KNRUHS (PG NEET -2026) ALLOTMENT ORDER OF THE CANDIDATE	
	4	KNRUHS REGISTRATION. APPLICATION FORM	
	5	KNRUHS ALLOTMENT DOWNLOAD FEE RECEIPT (/-)	
	6	KNRUHS CERTIFICATES VERIFICATION LIST	
	7	S.S.C MARKS MEMO (Long Memo)	
	8	INTERMEDIATE MARKS MEMO (Long Memo)	
	9	COMPULSORY ROTATORY INTERNSHIP CERTIFICATE (CRI) On or Before 30/09/2026 from Recognized Medical Colleges (by MCI/NMC) in TELANGANA STATE.	
	10	ORIGINAL (MBBS) DEGREE CERTIFICATE	
	11	VALID MEDICAL COUNCIL REGISTRATION (From Telangana State Medical Council)	

	12	Post Graduate Medical Diploma Certificate. If applicable	
	13	Latest Caste Certificate issued in 2026 in case of BC/SC/ST candidates issued by the Competent Authority of Government of Telangana (If applicable)	
If Applicabile	14	Minority Certificate (issued by the Competent Authority of Government of Telangana)	
If Servic CANDIDATES	15	Latest Service Certificate issued by the concerned Head of the Department, if applicable (Issued after 01/09/2026 by DME/DH/Director ESI/ Commissioner VVP/MD Singareni Collieries and other Competent Authority as notified by the Government of Telangana)	
	16	MBBS STUDY CERTIFICATE (s) 1st MBBS to Final MBBS course	
	17	STUDY CERTIFICATES from 6th class to INTERMEDIATE /12th Standars	
	18	TANSFER CERTIFICATE (MBBS)	
	19	LOCAL / RESIDENCY CERTIFICATE	
	20	MIGRATION CERTIFICATE	
	21	TRANSCRIPTS OF MARKS (MBBS)	
	22	PARENT AADHAR CARD & PANCARD (Xerox Copies)	
	23	RELIEVING CERTIFICATE (If sliding other college, as per KNRUHS guidelines after 1st phase of counselling))	
	24	CUSTODIAN CERTIFICATE (If sliding other college, as per KNRUHS guidelines after 1st phase of counselling)	
If applicable	25	PG Diploma certificate	
If applicable	26	Discontinuation Certificate	
	27	GAP CERTIFICATE (From Tahsildar) (AFTER MBBS)	
	28	Photo Identity Proof viz. PAN CARD / PASSPORT / D.L / Voter's ID	
	29	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/-)	
	30	10 No.s RECENT PASSPORT SIZE PHOTOS (COLOUR)	
		Total	

Name of the COMMITTEE Member :

Signature

Date:

Receiver's Signature

ACADEMIC SECTION

REGISTRAR & ADMIN.

PRINCIPAL

***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**

For further information Please contact 8977544565 at Officers 10:00am to 4:00pm

**PRATHIMA INSTITUTE OF MEDICAL SCIENCES
NAGUNUR, KARIMNAGAR.**

**LIST OF ORIGINAL CERTIFICATES FOR PG ADMISSION FOR THE YEAR 2026-27 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 :	:		
Aadhar Number	:		
PAN CAR NUMBER	:		
BANK SB A/C NUMBER	:		
BANK NAME & IFSC CODE	:		
TYPE OF SEAT	:	MANAGEMENT QUOTA (MQ1 / MQ2 / MQ3)	
Enclosures	1	NEET ADMIT CARD - NEET- PG 2026	
	2	NEET SCORE / RANK CARD - NEET - PG 2026	
	3	KNRUHS (PG NEET -2026) ALLOTMENT ORDER OF THE CANDIDATE	
	4	KNRUHS REGISTRATION. APPLICATION FORM	
	5	KNRUHS ALLOTMENT DOWNLOAD FEE RECEIPT (/-)	
	6	KNRUHS CERTIFICATES VERIFICATION LIST	
	7	S.S.C MARKS MEMO (Long Memo)	
	8	INTERMEDIATE MARKS MEMO (Long Memo)	
	9	COMPULSORY ROTATORY INTERNSHIP CERTIFICATE (CRI) On or Before 30/09/2026 from Recognized Medical Colleges (by MCI/NMC) in TELANGANA STATE.	
	10	ORIGINAL (MBBS) DEGREE CERTIFICATE	
	11	NATIONAL BOARD OF EXAMINATIONS (SCREENING TEST FOR INDIAN NATIONAL WITH FOREIGN MEDICAL QUALIFICATION) ROLL. NO & RESULT	
	12	VALID MEDICAL COUNCIL REGISTRATION (From Telangana State Medical Council)	
	13	Latest Caste Certificate issued in 2026 in case of BC/SC/ST candidates issued by the Competent Authority of Government of Telangana (If applicable)	
	14	Minority Certificate (issued by the Competent Authority of Government of Telangana)	
	15	MBBS STUDY CERTIFICATE (s) 1st MBBS to Final MBBS course	
	16	STUDY CERTIFICATES from 6th class to INTERMEDIATE /12th Standards	

	17	TRANSFER CERTIFICATE (MBBS)	
	18	NRI (MQ2) Sponsorship Certificate (DECLARATION form)	
	19	NRI Status certificate of the Financial supporter issued by embassy of respective country under their seal.	
	20	Copy of NRI Bank account pass book of the financial supporter	
	21	Copy of pass port of NRI financial supporter	
	22	Institutional Quota Sponsorship letter if applicable (MQ3)	
	23	EQUIVALENCY CERTIFICATE (If Other university)	
	24	MIGRATION CERTIFICATE (If other University)	
	25	TRANSCRIPTS OF MARKS MEMO (MBBS)	
	26	STUDENT & PARENT AADHAR CARD (Xerox Copy)	
	27	PG Diploma certificate, if applicable	
	28	Discontinuation Certificate (If applicable)	
	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

Signature

ACADEMIC SECTION

Date:

REGISTRAR & ADMIN.

PRINCIPAL

***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**

For further information Please contact 8977544565 at Officers 10:00am to 4:00pm

(Non-Judicial Stamp paper for Rs.100/-)

(FOR ALL CANDIDATES)

I, Dr..... S/o, D/o.....
selected for Post Graduate Degree/Diploma for the year 2026-27 do hereby undertake to complete the said course as per the requirements of the University. In the event 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 received as stipend/salary up to that date to Government of Telangana .

Date:

Signature of the Candidate

Surities:

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

Note: The Bond format shall be typed on the Non Judicial stamped paper

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 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 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 form 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 :

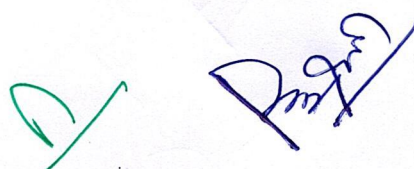
Tel/Mobile No.

2. Signature of the Witness

(Name of Witness)

Address:

Tel/Mobile No.



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 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.



SERVICE BOND (MQ1, MQ2 & M3)

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

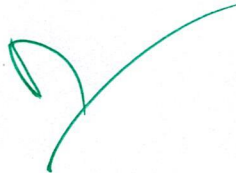
Sir/Madam,

I, _____ S/D/o _____
admitted into Post Graduate Degree Course in MD/MS _____ for the
year 2026-2027 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
one year 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



I, ...S/o / D/o.....,
bearing PG NEET 2026 Rank No

and

I, ...F/o
bearing PG NEET 2026 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 2026-27 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:



100/- NS Bond

I, Dr.....S/o,D/o..... selected for Post Graduate Degree in MD/MS.....for the year 2026-27 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.

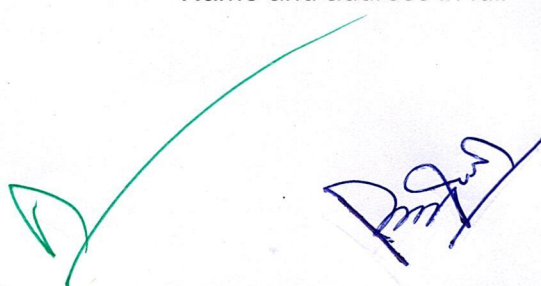
Date:

Signature of the Candidate

Name and address in full

Signed in my present
Attested by

Principal of the College with Seal



**PROFORMA OF AGREEMENT BOND FOR NON SERVICE CANDIDATES
ADMITTED TO PG MEDICAL COURSES 2026-2027**

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.

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 .

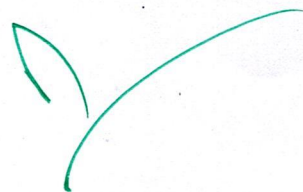
1. _____

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

Aadhar No.

PAN No. of Surety 2 :

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



ANNEXURE- III A

SELF DECLARATION BY INSERVICE CANDIDATES

I, Dr. _____ Son/Daughter of _____
is in service and working as _____ under the administrative
control of _____ have put up the following service as on
30-09-2026

- | | | | |
|-------------------|---------|--------|------|
| 1. Tribal Service | : Years | Months | Days |
| 2. Rural Service | : Years | Months | Days |
| 3. Other Service | : Years | Months | Days |

I do hereby declare that I do not have any Post Graduate Degree or Diploma / I
have a Post graduate Degree/Diploma in _____ (Specify the subject). I satisfy
the definition of "In service candidate" as per G.O. Ms. No.155, HM&FW (C1) Dept.,
Govt. of Telangana, Dated: 18-11-2021.

My Date of Birth is _____ and I am having the requisite period of 5
years leftover service after completion of the course to serve the Government. If
this declaration is found to be incorrect and false I am liable for action for
submitting false declaration in addition to cancellation of admission into the
Post Graduate course. I certify that the above information is true and correct.

Date:

Signature of the candidate

Name (In capitals):

Mobile Number:

Address:

ANNEXURE - III B

SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL SELECTION AS
PER GOVERNMENT ORDERS

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. _____ Son/Daughter of _____
_____ is in service and working
as _____ under the administrative
control of _____. He/She is already
having _____

P.G. Diploma (Specify the specialty-If no information write Nil). He/She is eligible
under Service Quota for selection into any PG Degree / Diploma (Strike off the one
not applicable) admission into P.G. Medical Courses for the Academic year 2026-27 as
per orders of Govt. of T.S. vide **G.O.M.s.No.155 HM&FW (C1) Dept., Dated: 18-11-
2021, Govt. of Telangana**, His / Her date of birth is _____ and he / she
is having the requisite minimum 5 years of left over period of service after completion
of the course.

SERVICE AS ON 30-09-2026.

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



ANNEXURE - IV.
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:

