GOVERNMENT MEDICAL COLLEGE : KODANGAL : NEET – 2025 MBBS BATCH 2025-26.
PERSONAL DATA SHEET OF CANDIDATES ADMITTED ON: _____

Should be filled by the candidate own handwriting:

1. Full Name of the Candidate :
   (In block letters as per Intermediate Certificate)

2. Age and Date of Birth :
   (As per SSC certificate)

3. Sex :

4. Name of Father & Occupation :

5. Literacy Status of Father :

6. Name of the Mother & Occupation :

7. Permanent Address of the Parents :

   Phone No. (O)
   (R)
   (Mobile)

8. Temporary Address of the Candidate :

   Phone No. (R)
   (Mobile)

9. Name of the college where the candidate has last studied (Inter 2nd year or +2) :

10. Name of the Coaching Centre :
    (If Studied)

11. Number of attempts of NEET :

12. After Completion of MBBS Course whether you will join in : Govt. Service / Private Service

13. Whether you wish to pursue Postgraduate course, if yes, which speciality :

Signature of the Candidate

Form – I

FORMAT OF UNDER TAKING BY THE STUDENT

1. I_____Son/Daughter of Mr./Mrs./Ms_____ admitted to the course of _____) at Government Medical College, Kodangal, Vikarabad district with _____ Admission number affiliated to Kaloji Narayana Rao University of Health Sciences, have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations, 2021 (Herein after referred to as the said regulations).
2. I have carefully read and fully understood the provisions in the said regulations.
3. I have particularly perused the provisions of regulations 3. And 4. of the said regulations and have fully understood what constitutes – ragging.
4. I have also in particular perused the provisions of 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 a abetting ragging actively or passively o]
5. Or being part of conspiracy to promote ragging.
6. I hereby undertake that_____

(i).I will not indulge in any behavior or act that may come under the definitions of ragging as may be constituted under regulation 3. of the said 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 regulation 3. of the said regulations.

(iii).I will not hurt anyone physically or psychologically or cause any other harm.

7. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
8. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if these declaration is incorrect or false, my admissions is liable to be cancelled/ withdrawn.

Signed on this_____day of_____month of_____year.

Witness I
Name and Signature Address

Signature of the Candidate

Name of candidate

Witness II
Name and Signature
Address

Address, phone number

Form – II

FORMAT OF UNDER TAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

I_____

Father/Mother/Guardian of Mr./Mrs./Ms_____ _____

admitted to the course of_____) at Government

Medical College, Kodangal, Vikarabad district with Admission number affiliated to Kaloji Narayana Rao University of Health Sciences, hereby declare that, I have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations, 2021(Herein after referred to as the said regulations).

I have carefully read and fully understood the provisions in the said regulations.

I have particularly perused the provisions of regulations 3. And 4. of the said regulations and have fully understood what constitutes – ragging.

I have also in particular perused the provisions of 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 a abetting ragging actively or passively or being part of conspiracy to promote ragging.

I hereby undertake that my son / daughter / ward

(i).Will not indulge in any behaviour or act that may come under the definitions of ragging as may be constituted under regulation 3. of the said 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 regulation 3. of the said regulations. (iii). Will not hurt anyone physically or psychologically or cause any other harm.

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 provisions of the said regulations or as per the applicable laws for the time being in force.

I also declare that he / she have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of conspiracy to promote ragging and have never been punished in any manner for these offences and further affirm that if these declaration is incorrect or false, his / her admissions is liable to be cancelled/ withdrawn. Signed on this day of month of year.

Signature
Name of the Parent / Guardian Address
Phone no. :

Witness I
Name and Signature Address :

Witness II
Name and Signature Address :

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES WARANGAL – 506002

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2023-24

I,_____(Name of the candidate) S/o,D/o_____(Name of the parent),

Selected for MBBS/BDS Course do hereby under take 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 after the date for free exit, I under take to pay KNR University of Health Sciences, a sum of **Rs.20,00,000.00/- (Rupees Twenty Iakhs only).**

Signature of the candidate

I,_____(Name of the parent), parent of Mr/Ms. _____(Name of thecandidate), do hereby under-take to pay KNR University of Health Sciences, a sum of Rs.20,00,000.00/- (Rupees Twenty Iakhs only) in case of discontinuation of MBBS/BDS Course after joining by my son/daughter.

Signature of the Parent

Permanent address, & Aadhar card
No & Mobile No:

Witnesses with details of
Permanent address
& Aadhar card No& Mobile No:

1.

2.

Xerox copies of Aadhar cards along with mobile no's of witness should be enclosed along with the bond .

NOTARY

(TO BE FILLED BY TWO SURITIES)

In consideration of the Surety Bond executed by the student (Mr. /Ms. _____Son of/ daughter of_____resident of_____in favor of The Registrar, KNRUHS, Warangal and the Director, Govt. Medical College, Kodangal, Vikarabad district to a sum of Rs. 20,00,000/- only (Rupees Twenty lakhs only), I _____hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs. 20,00,000/- only (Rupees Twenty lakhs only), I, the said surety, shall, without any objection, pay the said due amount to the Govt. Medical College, Kodangal, Vikarabad district on demand.

I the said surety do solemnly affirm that I am solvent to the extent of the amount of surety and I have been regularly filing income tax return.

Signature ……...

Name of the Surety……

Present Address: ……

……..Pin……

Permanent Address:……

……..Pin……

Aadhaar No..: ……

PAN No.

Mobile No.: ……..

In consideration of the Surety Bond executed by the student (Mr. /Ms. _____Son of/ daughter of_____resident of_____in favor of The Registrar, KNRUHS, Warangal and the Director, Govt. Medical College, Kodangal to a sum of Rs. 20,00,000/- only (Rupees Twenty lakhs only), I_____hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs. 20,00,000/- only (Rupees Twenty lakhs only), I, the said surety, shall, without any objection, pay the said due amount to the Govt. Medical College, Kodangal, Vikarabad district on demand.

I, the said surety do solemnly affirm that I am solvent to the extent of the amount of surety and I have been regularly filing income tax return.

Signature ……...

Name of the Surety……

Present Address: ……

……..Pin……

Permanent Address:……

……..Pin……

Aadhaar No..: ……

PAN No.

Mobile No.: ……..

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON- JUDICIAL STAMP PAPERS OF RS.100/-)

U N D E R T A K I N G

I, (Candidate name) S/o / D/o..... , bearing UG NEET 2025 Rank No …… and
I, (Parent name) F/o: (Candidate name) , bearing UG NEET 2024 Rank No hereby give an undertaking as below in connection with our claim with regard to certificates submitted for admission into UG Medical Course for the Academic Year 2025-26 in Government Medical College Kodangal, Vikarabad disctrict 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 **Signature of the Candidate**

Aadhar No.

Address :

Date:
Place: