The following original documents are required for Admissions of 2025-26

1. NEET PG Admit Card.
2. NEET PG Score Card
3. Provisional Allotment Letter from MCC/STATE
4. Memorandum of Marks X.
5. Memorandum of Marks XII.
6. Memorandum of Marks MBBS .
7. Provisional/ Permanent MBBS Degree Certificate.
8. Internship Certificate.
9. Transfer Certificate MBBS
10. Migration Certificate MBBS
11. Permanent Medical Registration. (Telangana Registration Mandatory)
12. Bonafide and Conduct Certificate (from 1st Class to MBBS)
13. Bond of Rs.50,00,000/-, Rs.20,00,000/- & Rs.10,00,000/- (as per Website proforma)
14. Bonds Genuinity of Certificates Affidavit (as per Website proforma)
15. Social Status
16. Service Certificate
17. Economically Weaker Sections (E.W.S)
18. GAP Certificate
19. FMG Results card (for Foreign students)

*2 set of Xerox copy of all above certificates is mandatory

Note: Students are requested to fill by the below form in soft copy and send to this mail ID omcadmissionspg@gmail.com along with the above documents in PDF format as per the allotment order issued by the AIQ/CQ

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506007	**OSMANIA MEDICAL OLLEGE, KOTI, HYDERABAD**	**Scanned latest Colour Photo of the Candidate**

DETAILS OF THE CANDIDATE ADMITTED INTO PG (MD/MS & DIPLOMA) COURSE FOR THE ACADEMIC YEAR 2025-26

S.No.:	**NEET Rank :**	**NEET Roll NO :**	**KNRUHS Merit :**

Student Name (Block Letters, AS PER MBBS CERTIFICATE) :	
Father's Name: (As per the 10th /12th Certificate)	**Gender:**
Address: Full Address with Land mark and pin code	
Category/Caste:	**Local/Non-Local:**
	DOB (DD/MM/YYYY):
AWARD(DEGREE/DIPLOMA):	**SERVICE/NON-SERVICE:**
Qualifying Examination Board: NEET	**Allotted Quota (AIQ, CQ, MQ) :**
Allotted course:	**Allotted region:**
Allotted Details as per KNRUHS Allotment Letter:(Please Refer to the Allotment letter issued by KNRUHS) **Ex:-** LOC-ST-GEN – P1/P2/P3/Mopup for State Quota, For All India Quota just fill **"AIQ"**	
Site/College Code: 001	
College name as per letter head: OSMANIA MEDICAL COLLEGE, KOTI, HYDERABAD	
Name of the Institution last studied: (As per MBBS Degree/Bonafide Certificate)	
Date Of Completion Of Internship:	
Mobile Number (10 Digits Only):	
Email ID:	
Aadhaar Number:	
Total Marks Obtained in Eligibility Exam:	**Maximum Marks in Eligibility Exam:**
Identification Marks (As per SSC/Birth Certificate)	**1)**
	2)
Colour Scanned Signature of the Candidate	**Signature of the Principal along with the Official Seal**

Note: The above from after filled the same soft copy submit with all your original scan copies send to mail ID omcadmissionspg@gmail.com

POST GRADUATE ADMISSIONS 2025-26 fee details

- **Rs. 15000/-** (Tuition Fees)
- **Rs. 1000/-** (Cooperative Stores)
- **Rs. 2000/-** (Library)
- **Rs. 2000/-** (NGF)

1. **Total Rs. 20,000**/- (CDS Fee)

The above Rs.**20,000**/- (Rupees: Twenty thousand only) payment to be done through Demand Draft (DD) in favor of **College Development Society, OMC, Hyd** same receipt (from CDS Section) to be submitted at time of joining

2. Rs. 5,000/- (Rupees: Five thousand only) Demand Draft (DD) in favor of **Academic Development Fund, OMC, Hyd.** same receipt (from CDS Section) to be submitted at time of joining.

3. Processing Charges Rs. 2,000/- (Rupees Two thousand only) Demand Draft (DD) in favor of **Academic Development Fund, OMC, Hyd.** same receipt (from CDS Section) to be submitted at time of joining **Non-Refundable**

4. Rs.**29600**/- (Rupees Twenty nine thousand six hundred only) (KNR University Fee)

5. Rs.**5000/-** (Rupees Five thousand only) Equivalency fee for candidates completed MBBS from **Other State**

6. Rs.**7000**/- (Rupees Seven thousand only) Equivalency fee for candidates completed MBBS from Other then India

The above all payments to be done through Demand Draft (DD) in favor of "**The Registrar KNRUHS Warangal." Payable at Warangal** same to be submitted at time of joining

7. Rs.**2000/-** DD in Favor of E-library, OMC . **Non-Refundable**

100 Rupees Bond

ANNEXURE-III A
(FOR ALL CANDIDATES)

I, _____S/o. _____, selected for Post Graduate (MD/MS) Degree / Diploma _____ course for the year 2025-26 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.

DATE :
Place :

Signature of Parent
Name and address in full
Aadhar No
Phone no.

Signature of the Candidate
Name and address in full
Aadhar No
Phone no.

Witness:

1. Signature:
   Name and address in full
   Aadhar No
   Phone no.

2. Signature:
   Name and address in full
   Aadhar No
   Phone no.

Sureties:

1. Signature:
   Name and address in full
   Aadhar No
   Phone no.

2. Signature:
   Name and address in full
   Aadhar No
   Phone no.

Note:

1. The Bond format shall be typed on the Non Judicial 100 rupees Stamped Paper
2. Above all Witness **Aadhar Xerox copies** and Sureties **Pan & Aadhar Xerox copies mandatory**

100 Rupees Bond

UNDERTAKING

I _____ S/o, D/o _____ bearing Post Graduate NEET 2025-26, Rank _____ Hall Ticket No. _____.

Hereby give undertaking as below, in connection with regard to certificates submitted for admission in to Post Graduate courses for the academic year 2025-26 in colleges affiliated to KNR University of Health Sciences, Warangal we hereby declare that all our certificates are Genuine.

I am aware that, if the relevant certificates submitted 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 deemed legally for further I agree, I abide the rules and regulations of KNR University of Health Sciences. Warangal.

I also hereby undertake that I shall not enter in to legal litigation, if the seat allotted to me is cancelled for the above reason.

Date
Place

Signature of Parent / Guardian
Aadhar No.
Name
Address

Signature of the Candidate
Aadhar No.
Name
Address

PROFORMA OF AGREEMENT BOND FOR CANDIDATES ADMITTED TO PG MEDICAL COURSES **2025-26**

THIS DEED OF BOND IS EXECUTED AT_____ ON THIS DAY OF BY

Name:_____ S/O, D/O, W/O _____

Residing At (Permanent Address):_____

_____

Mobile No:_____

mail id:_____

AADHAR NO._____

TO IN FAVOUR OF PRINCIPAL _____COLLEGE

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 PARTshall 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. _____ 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._____/ -(Rupees_____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._____ Lakhs only) to the Government of Telangana (Director of Medical Education).

2. For the aforesaid amount of Rs. lakhs only the event of such default till payment of Rs. Lakhs 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 : Principal

_____ Medical College

To be printed on a (Rs. 20 , Rs 50 if available) or Rs 100 Stamp paper)

AFFADAVIT FOR GAP CERTIFICATE

I, ---------- aged ------ years, Indian Inhabitant, residing at.....do hereby swear in this affidavit and declare as under:

1. I SAY THAT I have passed ..... Exam in the Year ....., from ..... School / College, after which I was preparing for NEET Examination between the year 2020 and 2025)

2. I SAY THAT since..... till date, I did not join any educational institution either in .....
   or elsewhere in India. I say that from ..... to ..... is my Gap period.

I execute this Gap Affidavit to put facts on record and produce the same before the concerned college authorities enable them to record the GAP in my education from .....to ....., on the strength of this GAP affidavit.

Whatever stated herein above is true and correct to the best of my knowledge, belief and information and nothing been concealed or suppressed in respect hereof.
Solemnly affirmed at .....
This ..... day of 2025

(note : This document has to be notarised)

Students Please Note:

On DD back side to mention the following;

1. Name :
2. Allotted Course :
3. Batch : 2025-26
4. Phone Number :

Submit the above DD's at **C.D.S. Section** and **E. Library** and get receipt.

1. All Original 2 set of Xerox.
2. All 3 Bonds and their **Sureties** PAN and Aadhar Xerox must be enclosed and **Witness** Aadhar Xerox must be enclosed.
3. Round 1 student are willing for upgradation have to submit on their Provisional Allotment Order issued by the AIQ/CQ duly signed by the candidate