

Required Documents for admission into MBBS course

1. University Allotment order - 2025
2. NEET Hall Ticket (Admit card) - 2025
3. NEET Rank card – 2025
4. KNR UHS Online Registered Application – 2025
5. Certificate Verification Acknowledgement by Convener TSMED-2025
6. SSC/CBSE/ICSE Certificate (Long Memo)
7. 10+2 Certificate (Long Memo)
8. Transfer Certificate.
9. Bonafied or Study Certificates from 6th to 12th
10. Migration, (if required, other than Board of Intermediate Education Telangana)
11. Equivalence Certificate for XII class (if required, other than Board of Intermediate Education Telangana)
12. Latest Caste Certificate (if required)
13. Latest Income Certificate (if required)
14. Gap Certificate from MRO (if required)
15. Bank guarantee for 2nd year tuition fee **(for B & C category candidates)**
16. NRI Sponsorship Letter **(for C category candidates)**
 - i. NRI Sponsorship certificate (Declaration)
 - ii. Copy of NRI Bank account pass book of NRI financial supporter
 - iii. Copy of Pass port/Visa of NRI financial supporter
 - iv. NRI Status certificate of the financial supporter issued by embassy
17. Aadhar copies: Student, Father, Mother
18. Notarized **Discontinuation Bond** (Rs.2000000/-) on Rs.100/- Non judicial Stamp Paper
19. Notarized Declaration Bond (**Genuinity bond**) on Rs.20/- non judicial stamp paper
20. Notarized Declaration Bond (**Seat Blocking**) on Rs.20/- non judicial stamp paper
21. Notarized **CMRIMS Fee Bond** (Rs.100/- non judicial stamp paper)
22. Three (3) sets of xerox copies of the above mentioned certificates with self attestation
23. Passport size Photos - 12
24. DD in favour of **“CMR Institute of Medical Sciences”** Payable at **“Hyderabad”**.

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPER OF RS.100/- WITH NOTARY)
BOND FOR UG MBBS ADMISSION FOR THE ACADEMIC YEAR 2025-26

I, _____ (Name of the candidate) S/o, D/o _____ (Name of the parent),
Selected for MBBS Course do hereby under take to complete the course as per the requirements 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 undertake to pay KNR University of Health Sciences, Telangana, Warangal a sum of Rs. 20,00,000/- (Rupees Twenty Lakh only) and I am aware that I will be debarred for three years for admission into MBBS 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 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/- (Rupees Twenty Lakh only) in case of discontinuation of MBBS Course after joining or after the date of announcement of 2nd 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 course in the state of Telangana besides payment of Rs. 20,00,000/- (Rupees Twenty lakhs only) towards for 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):

GENUINITY BOND

**PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPER OF RS.20/- WITH NOTARY)**

UNDERTAKING

I, (Candidate name)

S/o; D/obearing UG NEET 2025 Rank No.....

And

I, (Parent Name)

F/o..... bearing UG NEET 2025

Rank No..... hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into UG Medical and Dental 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

Signature of the Candidate

Aadhar No.:

Aadhar No.:

Address:

Address:

Date:

Place:

CMRIMS FEE BOND

MBBS ADMISSIONS 2025-26

PROFORMA FOR BOND MBBS (Rs.100/-STAMP PAPER with NOTARY)

I, Mr/Ms. _____ S/o / D/o: _____
selected for MBBS Course under _____ (A/B/C) Category and reported on _____ and taken
admission in CMR Institute of Medical Sciences, Kandlakoya, Medchal Road, Hyderabad, Telangana do hereby
undertake to complete the course as per the requirements of KNR University of Health Sciences and CMR Institute of
Medical Sciences. In the event of my discontinuing the studies after closing of UG admissions 2025-26, I undertake to
pay the complete course fee to CMR Institute of Medical Sciences.

Signature of the Candidate

I, Mr/Mrs. _____ parent
of Mr/Ms. _____ do hereby undertake to pay CMR Institute of
Medical Sciences, the complete course fee (Five Years) in case of discontinuation of MBBS Course after closing of
UG admissions 2025-26 by my Son/Daughter.

Date:

Signature of Parent

Witness Signatures

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

COMPETENT AUTHORITY QUOTA (A-Category)

DECLARATION BY CANDIDATE/PARENT

PROFORMA FOR BOND MBBS (Rs.20/- STAMP PAPER with NOTARY)

I, Mr/Ms. _____ S/o: D/o:

_____ selected for MBBS Course for the year 2025-26 under Competent Authority Quota declare that I am not admitted in any other Medical College in the country as on today. I am not a part of any seat blocking procedure. I will not discontinue the course without valid seat allotment at a later date in other college. In case of any discrepancy I am liable for legal action by KNR University of Health Sciences, Warangal University of Health Sciences and Government and cancellation of seat.

Signature of the Candidate

I, Mr/Mrs. _____ parent of
Mr/Ms. _____ selected for MBBS Course for the year 2025-26 under Competent Authority Quota declare that my son/daughter is not admitted in any other Medical College in the country as on today. My son/daughter is not a part of any seat blocking procedure. Candidate will not discontinue the course without valid seat allotment at a later date in other college. In case of any discrepancy we are liable for legal action by KNR University of Health Sciences and Government and cancellation of seat.

Date:

Signature of Parent

MANAGEMENT QUOTA (B & C Categories)

DECLARATION BY CANDIDATE

(Non-Judicial Stamp paper for Rs.20/-)

I, Dr _____ S/o, D/o _____
Selected for MBBS _____ for the year 2025-26 under
Management Quota (B-CAT, C-CAT Categories) at _____ Medical College affiliated
to KNRUHS. I do hereby declare that I am not admitted into MBBS Course in any Medical/Dental
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/Dental College for UG Course simultaneously, the candidate will be liable for
penal action by the National Medical Commission/ Kaloji Narayan Rao University of Health
Sciences/Government.

DATE:

Signature of the Candidate

Name and address in full

Signed in my presence
Attested by

Principal of the College with seal

(Management Quota: C Category - NRI)

Annexure-1

DECLARATION

(This declaration is to be given by a student/parent/Blood Relative (family member) who is seeking admission under NRI category (Management quota of NRI)

I, Mr/Ms NEET-2025 UG Roll No --
-----Rank NEET-2025 (UG)
-----Son/daughter of Mr/ Ms seeking admission into UG course in Management Quota
(NRI quota seats) for the academic year 2025- 26 into Medical/Dental College of Telangana Private
Non- Minority / Minority Medical & Dental Colleges do hereby declare and state as under:

I declare that I am **Son/Daughter/Niece/Nephew/Brother/Sister** of
Mr/Ms.....S/o.....R/o.....
.....(here incorporate the complete
address of NRI to whom the candidate is related).

I declare that the said family member NRI is paying my fee for my UG course and I further
declare that the above facts stated are true and correct and I am liable for any action in the event of
concealment of facts. Hence, this declaration.

(Signature of the Candidate)

I,S/o _____ here
declare and confirm that the above candidate viz., Mr/Ms.....is related to me as
Son/Daughter/Niece/Nephew/Brother/Sister and I hereby irrevocably agree and undertake to
provide finance support to him/her by payment of entire fees and other expenses for pursuing UG
course in the Medical/Dental College of Telangana State under KNR UHS.

Date:

(Signature of the NRI)

ANTI-RAGGING (Online)

https://www.antiragging.in/affidavit_affiliated_form.php

Log on to address:

https://www.antiragging.in/affidavit_affiliated_form.php

Page1 and Page 2 are to be filled by the student's details

Page 3

Select State: **TELANGANA**

College Name (Select College state first): **CMR Institute Of Medical Sciences (C-71657)**

College Director's Name: **DR. T. VENKAT RAMANAIAH**

College Phone Number: **(+91) 9988749777**

Details of the course: **UNDER GRADUATE DEGREE**

Name of the Course: **MBBS**

Number of students in your class: **150**

Current year of study: **1**

Nearest Police Station to your college: **MEDCHAL**

Tick all UGC Regulations in the next page

What is the phone number of National Anti-Ragging Helpline: **18001805522**

Press **SUBMIT FORM**

Download the affidavit by filling the reference number, email address and Mobile number in the next screen.

1. Download '**ANTIRAGGING AFFIDAVIT BY THE STUDENT**' and sign it at appropriate places
2. Download '**UNDERTAKING BY PARENT/GUARDIAN**' and sign in appropriate places

Bring these two forms, when you are reporting for admission



Anti Ragging _
Ragging in college _