CMR INSTITUTE OF MEDICAL SCIENCES & HOSPITAL

Kandlakoya, Medchal Road, Hyderabad - 501401

Required Documents for admission into MBBS course

1. University Allotment order - 2026
2. NEET Hall Ticket (Admit card) - 2026
3. NEET Rank card – 2026
4. KNR UHS Online Registered Application – 2026
5. Certificate Verification Acknowledgement by Convener TSMED-2026
6. SSC/CBSE/ICSE Certificate (Long Memo)
7. 10+2 Certificate (Long Memo)
8. Transfer Certificate.
9. Bonafied or Study Certificates from 6^{th} to 12^{th}
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 2^{nd} 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. Certificate of Employment (Father/Mother's) Service Outside the State (If applicable)
19. Notarized **Discontinuation Bond** (Rs.2000000/-) on Rs.100/- Non judicial Stamp Paper
20. Notarized Declaration Bond (**Genuinity bond**) on Rs.20/- non judicial stamp paper
21. Notarized Declaration Bond (**Seat Blocking**) on Rs.20/- non judicial stamp paper
22. KNRUHS ANTI-DRUG UNDERTAKING on Rs.100/- Non judicial Stamp Paper with Notarized.
23. Notarized **CMRIMS Fee Bond** (Rs.100/- non judicial stamp paper)
24. Three (3) sets of xerox copies of the above mentioned certificates with self attestation
25. Passport size Photos - 12
26. DD in favour of "**CMR Institute of Medical Sciences**" Payable at "**Hyderabad".**

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 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):

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.

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 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:**

CMRIMS FEE BOND

MBBS ADMISSIONS 2026-27

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 2026-27, 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 2026-27 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 2026-27 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 2026-27 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 2026-27 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-2026 UG Roll No ---------- Rank NEET-2026 (UG) ----------Son/daughter of Mr/ Ms seeking admission into UG course in Management Quota (NRI quota seats) for the academic year 2026- 27 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)

ANTI-RAGGING AFFIDAVIT SUBMISSION

Follow the instructions:

1. Log on to address:

https://antiragging.in/affidavit_registration_disclaimer.html

2. Choose your Educational Institution Type **COLLEGE**
3. Undertaking Registration form:
   Page 1 and Page 2 are to be filled by the student's details and Parent / Guardian Details
4. 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: **250**

Current year of study: **1**

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

5. Tick all UGC Regulations in the next page
6. What is the phone number of National Anti-Ragging Helpline: **18001805522**
7. Press **SUBMIT FORM**
8. Download the affidavit by filling the reference number, email address and Mobile number in the next screen.

9. Download '**ANTIRAGGING AFFIDAVIT BY THE STUDENT**' take a printout and sign it at appropriate places
10. Download '**UNDERTAKING BY PARENT/GUARDIAN**' take a printout and sign in appropriate places

BRING THESE TWO FORMS, WHEN YOU ARE REPORTING FOR ADMISSION

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: