Dr. PATNAM MAHENDER REDDY
INSTITUTE OF MEDICAL SCIENCES

Chevella (Village & Mandal), Ranga Reddy (Dist), Telangana-501 503.
Permitted by NMC/MCI, Govt. of India vide Lr.No.MCI-34(41)/2019-Med./108799, dt:02.05.2019. Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal, Telangana.

PG (CLINICAL) FEE & PAYMENT DETAILS

Fee Details for Category – A

PG (CLINICAL) FIRST YEAR (to be paid at the time of Admission)

Tuition Fee : Rs. **7,00,000/-** **[DD]**

Fee other than Tuition Fee : Rs.**75,000/-** **[DD]**

Total : Rs. 7,75,000/- for 'A' Category. [DD]

Payment Details:

- **Demand Draft** in Favor of "**DR PATNAM MAHENDER REDDY INSTITUTE OF MEDICAL SCIENCES**"
  Payable at **Chevella, Telangana**.

For Details Contact:

Mr. K. VINODH REDDY -- **Phone No: 8688315735.**

Mr. T. VIJAY BHASKAR REDDY --**Phone No: 8688315739.**

Email id: **pmrims@gmail.com**
Website: **WWW.PMRIMS.COM**

Dr. PATNAM MAHENDER REDDY INSTITUTE OF MEDICAL SCIENCES
Chevella (Village & Mandal), Ranga Reddy (Dist), Telangana-501 503. Permitted by
MCI/NMC; Govt. of India vide Lr.No.MCI-34(41)(E-49)/2019-Med./108799, Dt:02.05.2019.
Affiliated to Kaloji Narayana Rao University of Health Sciences, Warangal, Telangana.

LIST OF CERTIFICATES/DOCUMENTS FOR SUBMISSION WITH APPLICATION FORM

1) University Allotment Letter.
2) NEET Merit Card.
3) 3) NEET Hall Ticket.
4) S.S.L.C./S.S.C/Senior Cambridge/Certificate showing the Date of Birth. (Long Memo)
5) Intermediate (Long Memo).
6) Transfer Certificate from the Medical College.
7) M.B.B.S Original Certificates/ Provisional Certificate.
8) 4 Yrs MBBS Memo of marks & Study certificate.
9) Internship Completion Certificate.
10) Transcript of Memorandum of marks issued by university.
11) M.B.B.S. Registration Certificate issued by TSMC.
12) Migration Certificate in case of university other than KNRUHS.
13) 06 latest Passport size & 04 stamp size photographs
14) Latest Social Status Certificate issued through Mee Seva.
15) Minority Certificate issued by Competent Authority of Government of Telangana if applicable (CQ quota)
16) Copy of PAN card
17) Copy of Address proof Aadhar Card /Passport/Driving License/Voter's ID
18) Discontinuation Certificate if applicable.
19) Undertaking on Rs. 100/- Non-Judiciary Stamp paper as per Prospectus of KNRUHS in case of discontinuation of course as per enclosed format (With Signatures of two witness & Notary)
20) Service Bond for Non-Service Candidates –
21) Declaration by In-service Candidate –
22) Service Certificate to Be Considered for P.G. Medical Selection as Per Government Orders

    Annexure III B

23) Anti-ragging bonds on 100/- Non – Judiciary Stamp paper by the student and parent.
24) Candidates seeking admission in NRI quota (MQ2) Should submit the following documents from a Blood relative such as Father/Mother/Brother/Sister/Uncle/Aunt only and should submit a declaration to that effect.
    1. NRI Sponsorship certificate (DECLARATION Form)
    2. NRI status certificate of the financial supporter issued by embassy of respective country under their seal.
    3. Copy of NRI latest Bank account pass book of the financial supporter. (for last 1 year)
    4. Copy of Pass port of NRI financial supporter

    27) Bank Guarantee for 2nd year.
28) 10 years Residency proof/Study certificate for non-local candidates claiming unreserved quota seats (Who studied MBBS outside AP/TS or other country)
29) 2 Sets of Xerox copies all certificates (1 Set self-attested)
30) Payment may be made by DD/ RTGS/ NEFT as per the details given. 31) Genuinity Bond

    (Undertaking notarized)

DISCONTINUATION BOND

(Non-Judicial Stamped paper for Rs.100/-) (FOR ALL CANDIDATES)

I, Dr …… S/o, D/o ……Selected for Post Graduate Degree/Diploma for the year 2026-27do here by undertake to complete the said course as per the regulations of the university and Government rules for admissions. In the event of my leaving the studies after joining the course, I undertake to pay to KNR University of Health Sciences a sum of Rs. 50,00,000/- (Rupees fifty lakhs only) and refund the amount received as stipend up to that date to Government of Telangana.

Signature of the Candidate
Name and address in full

Date:
Witness:

1. Signature:
Name and address in full
Mobile. No
Mail. Id:

Name and address in full
Mobile. No
Mail. Id:

2. Signature
Name and address in full
Mobile. No
Mail. Id:

Signature of parent
Name and address in full
Mobile. No
Mail. Id:

N.B : 1. The Bond format shall be typed on the non-judicial stamped paper.

NOTARY

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

(FOR NON-SERVICE CANDIDATES)

I ,_____Selected for Post Graduate Degree/Diploma Courses for the year 2026-27do here by undertake to serve the_____(Institution where they pursed the course) as a Senior Resident for a Period of one year after successful completion of the PG Degree / Diploma Course.

Signature of the Candidate
Name and address in full

Date:

Witness:

1. Signature:
Name and address in full
Mobile. No
Mail. Id:

Name and address in full
Mobile. No
Mail. Id:

2. Signature
Name and address in full
Mobile. No
Mail. Id:

Signature of parent
Name and address in full
Mobile. No
Mail. Id:

N.B : 1. The Bond format shall be typed on Rs – 100/- Non Judicial stamped paper.

NOTARY

SELF DECLARATION BY INSERVICE CANDIDATES

(ON NON- JUDICIAL STAMP PAPERS OF RS.100/-)

I, Dr._____ Son/Daughter of _____ is in service and working as _____ under the administrative control of _____ I have put up the following service as on 31-07-2023.

1) Tribal Service – Years: Months Days

2) Rural 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 (C!) Dept. Govt. of Telangana, Date: 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 submitting false declaration in addition to cancellation of admission into the Post Graduate course. I certify that the above information is true and correct.

Signature of the Candidate

Date:

Name (in capitals):

Mobile Numbers:

Address:

NOTARY

AFFIDAVIT BY THE STUDENT

(ON NON- JUDICIAL STAMP PAPERS OF RS.20/-)

I,_____, Admin. No. _____

S/o. / D/o _____, having been admitted to Dr. PATNAM MAHENDER INSTITUTE OF MEDICAL SCIENCES, CHEVELLA (V&M), RANGAREDDY -501503 have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
3. I hereby solemnly aver and undertake that
   a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
   b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
4. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
5. I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
6. I hereby declare that I submit online Undertaking to the website www.antiragging.in and www.amanmovement.org.

Declared on this Date:_____.

Signature of deponent

Name:

Address:

Mobile. No:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at Hyderabad on this Date: _____

Signature of deponent

Solemnly affirmed and signed in my presence on this Date: _____after reading the contents of this affidavit.

OATH COMMISSIONER

AFFIDAVIT BY THE PARENT

(ON NON- JUDICIAL STAMP PAPERS OF RS.20/-)

I,_____, F/o / M/o._____

Admn. No. _____ _____, having been admitted to

Dr. PATNAM MAHENDER REDDY INSTITUTE OF MEDICAL SCIENCES, CHEVELLA (V&M), RANGAREDDY – 501503 have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

1. I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
2. I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
3. I hereby solemnly aver and undertake that
   a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
   b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
4. I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
5. I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my ward's admission will be liable to be cancelled.
6. I hereby declare that I submit online Undertaking to the website www.antiragging.in and www.amanmovement.org.

Declared on this date:_____.

Signature of deponent Name:
Address:
Mobile No:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. Verified at Hyderabad on this Date:_____.

Signature of deponent Solemnly affirmed and signed in my presence on this date: _____after reading the contents of this affidavit.

OATH COMMISSIONER

Undertaking Genuinity Bond

PROFORMA FOR UNDERTAIKNG 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……S/o D/o……, bearing PG

NEET 2026 Rank No ……..

and

I……M/o/ 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 course for the Academic year 2026-27in 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 (DD/MM/YYYY):

Signature of the Candidate

Aadhar No :

Address :

Place:

NOTARY

ANNEXURE - VI

(ON NON- JUDICIAL STAMP PAPERS OF RS.100/-)

I,Dr._____S/o/D/o _____, resident of _____, have been admitted to the Postgraduate Medical Course in _____ (Speciality) under Category _____ , for the academic year _____, at Dr. Patnam Mahender Reddy Institute of Medical Sciences, Hyderabad.

I hereby solemnly declare and undertake as follows:

1. I am aware of the Government Orders issued by the Government of Telangana regarding the fee structure for Postgraduate Medical Courses for the block period 2026–2029.
2. I understand that, pending final orders of the Hon'ble High Court and final recommendations of the Telangana Admission and Fee Regulatory Committee (TAFRC), the tuition fee payable by Category-A students is restricted to 60% and Category-B students to 70% of the fee specified in the Annexure to the relevant Government Order.
3. I hereby undertake to pay the differential fee amount, if any, found payable pursuant to the interim orders dated 07.09.2026 of the Hon'ble High Court in W.A.No.341 of 2025 and batch cases and W.P.No.13895 of 2026 and batch cases.
4. I agree to pay such differential fee amount within the time stipulated by the competent authority, subject to the final orders of the Hon'ble High Court and the final recommendations of TAFRC.
5. I understand that the fee paid at present is an interim payment and does not constitute final settlement of the total tuition fee payable for the course.

I hereby execute this Personal Bond-cum-Undertaking voluntarily, accepting the above conditions.

SIGNATURE OF THE STUDENT
Signature:
Name:

SIGNATURE OF THE PARENT
Signature:
Name:

WITNESS DETAILS

1. Name: _____
   Signature: _____

2. Name: _____
   Signature: _____

(On Rs 100/- Non-Judicial Stamp paper) ***NOTARY***