



Dr. PATNAM MAHENDER REDDY INSTITUTE OF MEDICAL SCIENCES

Chevella (Village & Mandal), Rangareddy (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.

MBBS FEE & PAYMENT DETAILS

Fee Details for Category – A

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

Tuition Fee	: Rs. 60,000/- [DD]
Fee other than Tuition Fee	: Rs. 60,000/- [DD]
Total : Rs.1,20,000/- 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.

Mr. HARI PRASAD

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**Dr. PATNAM MAHENDER REDDY INSTITUTE OF MEDICAL SCIENCES**

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LIST OF CERTIFICATES/DOCUMENTS FOR SUBMISSION WITH APPLICATION FORM**Name:** _____**Date:** _____

Sl. No.	Certificate/Document	Yes/No
1	DD for Rs.60,000/- towards Tuition Fee	
2	Admit Card of NEET UG - 2023	
3	Rank Card of NEET UG - 2023	
4	KNRUHS Allotment Order.	
5	SSC or Equivalent Examination Certificate (Long Memo).	
6	Qualifying Examination Certificate (Intermediate or Equivalent Examination (Long Memo)).	
7	Transfer Certificate from Board of Intermediate Education.	
8	Study Bonafide Certificates from VI Class to Intermediate.	
9	Discontinuation Bond of Course (On Rs.100 non-judicial stamp paper).	
10	Bond for genuinity of Certificates (On Rs.100 non-judicial stamp paper).	
11	Certificate claiming Special category Reservation (if applicable).	
12	Latest Caste Certificate with father name (if applicable).	
13	Minority Certificate (Muslim only) (If applicable)	
14	EWS Certificate for A.Y. 2023-2024 (If applicable)	
15	Latest Parental Income Certificate (If applicable)	
16	NCC Certificate (If applicable)	
17	CAP Certificate (If applicable)	
18	PMC Certificate (If applicable)	
19	Anti Ragging Bond	
20	Residence Certificate	
21	Employment certificate of parent (For Non-Local Status)	
22	Self-attested copy of Aadhar Card of Student and Parents.	
23	Migration Certificate (If applicable).	
24	Equivalence Certificate (if applicable).	
25	TSMEDADM Portal Receipt of Certificates.	
26	Candidate's Latest passport size Photographs - 10 Nos.	
27	Self-attested Xerox copies of all Certificates/Documents - 2 Sets	

NOTARY

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

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 lakhs only).

Signature of the candidate

I, _____ (Name of the parent), Parent of Mr./Ms. _____ (Name of the
candidate), do here by under-take to pay KNR University of Health Sciences, a sum of
Rs.20,00,000.00/- (Rupees Twenty lakhs only). In case of discontinuation of MBBS/BDS Course
after joining after joining after the date for free exit by my son/daughter.

Signature of the Parent

Witnesses:

1) :

2)

NOTARY

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, _____ S/o / D/o _____ bearing
UG NEET 2023 Rank No: _____ and

I, _____ F/o _____ bearing
UG NEET 2023 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 2023-24 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.

Address:

Date:

Place:

NOTARY

Rs20/- BOND(Non-Judicial Bond)

UNDERTAKING BY THE CANDIDATE/STUDENT.

1. I, _____ S/o. D/o. of Mr./Mrs./Ms. _____, have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.

2. I have received a copy of the NMC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.

3. I hereby undertake that-

- I will not indulge in any behaviour or act that may come under the definition of ragging,
- I will not participate in or abet or propagate ragging in any form,
- I will not hurt anyone physically or psychologically or cause any other harm.

4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ year

Signature Address: _____

Name:

(1) Witness:

(2) Witness:

NOTARY

Rs: 20 Bond (Non-Judicial Bond)

ANNEXURE I, Part II UNDERTAKING BY PARENT/GUARDIAN

1. I, _____ F/o M/o. G/o _____, have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the NMC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/ daughter/ ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ Year

Signature Address: _____

Name:

(1) Witness:

(2) Witness: