

DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION

Please arrange the documents in this order of sequence for submission

- | | | |
|---|---|------------------|
| 1. University Allotment letter | } | 4 Sets Printouts |
| 2. Admit Card NEET P.G 2023 | | |
| 3. Rank Card NEET P.G 2023 | | |
| 4. KNRUHS Online Registration Application | | |
| 5. KNRUHS ONLINE Certificate Verification | | |

ORIGINAL CERTIFICATES & 3 Sets of Xerox Copies of the same Certificates:

6. S.S.C./ CBSE/ ICSE Certificate / Date of Birth Certificate
7. Intermediate / 12th Class Marks Memo (Short / long Memo)
8. M.B.,B.S Degree Certificate.
9. P.G.Diploma Certificate (If applicable)
10. All M.B.,B.S Marks Memo.
11. Official Transcript.
12. Certificate of Internship completion.
13. Permanent Medical Council Registration Certificate MCI & State Medical Registration
14. Bonafide / Study / Conduct certificate from 6th Class to Final M.B.,B.S / Equivalent course.
15. Transfer certificate.
16. Migration certificate.
17. Community Certificate.

- 1) Bank Guarantee for 2nd year Tuition Fee
- 2) Aadhaar Card & PAN Card (Photo Copy)
- 3) Passport Size Photos – 12 Nos.

BONDS:

- 1) Discontinue Bond Annexure-II
- 2) Service Bond
- 3) a) Self Declaration by In-Service Candidates (Annexure – III A)
b) Service Eligibility Certificate (Annexure – III B)
- 4) Genuinity of Certificates
- 5) Tuition Fee Bond (Available at College)

MediCiti INSTITUTE OF MEDICAL SCIENCES(MIMS)

Ghanpur(V), Medchal(M & Dist.) – 501 401, T.S.

CHECK LIST

POST GRADUATE ADMISSION 2023-24 (CQ)

Demand Draft Particulars

IN FAVOUR OF

“MediCiti INSTITUTE OF MEDICAL SCIENCES”

payable at Hyderabad.

- 1) All Original Certificates & 3 Xerox sets of the same - List enclosed
- 2) Tuition Fee Payable (DD Only) }
as per G. O. Ms. No. 107, H.M. & F.W. (C1) }
Department, Dated: 28/07/2023 }
As per the Orders of Hon'ble High Court }
IA. No. 1 of WP No. 22368 of 2023 }
Clinical - Rs. 4,20,000/- per year
Para Clinical - Rs. 2,58,000/- per year
Non Clinical - Rs. 1,02,000/- per year
- 3) Bank Guarantee for a period of One Year - Tuition Fee Amount
(Format enclosed)
- 4) Bonds as per University - Formats enclosed
- 5) Passport Size Color Photo - 12 Nos.
- 6) Aadhaar Card & PAN Card - Xerox Copy

Particulars of Tuition Fee as per
G. O. Ms. No. 107, H. M. & F. W. (C1) Department,
Dated: 28/07/2023

As per the orders of Hon'ble High Court for the State of Telangana
Orders IA No. 1 of WP No. 22368 of 2023

COMPETENT AUTHORITY QUOTA (CQ) 60 % of TUITION FEE DETAILS

- a) Clinical Degree
Tuition Fee for Clinical Departments - Rs. 4,20,000/-
- b) Para-Clinical Degree
Tuition Fee for Para-Clinical Departments - Rs. 2,58,000/-
- c) Non-Clinical Degree
Tuition Fee for Pre-Clinical Departments - Rs. 1,02,000/-

B.G.No.:
Date of Issue:
B.G. Amount: Rs. _____/-
Date of expiry :31-08-2024

IRREVOCABLE BANK GUARANTEE

We, _____ Bank, having its Branch at _____
[hereinafter to be referred as '**BANK**'] do hereby issue this Irrevocable Bank
Guarantee at the request, upon application and on behalf of Mr /Ms /Dr.
_____, S/o /D/o _____ [hereinafter to be
referred as '**STUDENT**'] in favour of "**MediCiti Institute of Medical Sciences,
Ghanpur , Medchal Mandal & District" Telangana**, represented by its
Principal [hereinafter to be referred as '**BENEFICIARY**'].

WHEREAS the above named Student got admitted into 1st year Post
Graduate Medical Course of _____ for the academic year
2023-24 and paid the 1st year fee of Rs. _____/- (_____)
and is also obligated to pay to the Beneficiary, the balance fee of
Rs. _____/- for the remaining period of course as follows on

1. 1st October 2024, Rs. _____ (Due date of Payment of Fees)
2. 1st October 2025, Rs. _____ (Due date of Payment of Fees)

WHEREAS as per the conditions for admission, the Student is required to
furnish an Irrevocable Bank Guarantee to the Beneficiary from any Nationalized
Bank to protect the interest of the Beneficiary in the event of any default of the
Student in payment of balance fee as above during the entire course.

Hence in the event of default on the part of the Student in payment of balance fee of Rs. _____/- per year for 2nd and 3rd year period i.e.

1st October 2024, Rs. _____/- (Due date of Payment of Fees)

1st October 2025, Rs. _____/- (Due date of payment of Fees)

or any part thereof during the balance course period to the beneficiary, the Bank on behalf of the Student hereby irrevocably, unequivocally and unconditionally agrees and undertakes to pay forthwith the said sum of Rs. _____/- or part thereof to the Beneficiary without any condition, protest, demur or proof and without reference to any consent of the Student and irrespective of and notwithstanding any contest/objection from the Student or the existence of any dispute between the Student and the Beneficiary upon the Beneficiary invoking this Bank Guarantee with the Letter of Invocation for any part amount of the bank guarantee to the bank. The Bank agrees to make the payment of invoked amount to the Beneficiary simultaneously on the Beneficiary submitting the Letter of Invocation for any part amount of the Bank Guarantee.

Notwithstanding anything contained herein, the bank further under takes to pay the full amount of the bank guarantee to the beneficiary without any reference to the due date of the payment of the fee structure as mentioned in the guarantee, simultaneously on the beneficiary submitting the letter of invocation along with the original bank guarantee.

The Bank further agrees that this Guarantee shall constitute an independent and autonomous contract between the Bank and the Beneficiary and shall not in any way be affected by any dispute or difference between you viz., the Beneficiary and the Student of whatsoever nature.

Finally, the Bank confirms that a mere letter from the Beneficiary that there has been a default on the part of the Student in payment of the fees, shall without any other or further proof be final, conclusive and binding on the Bank to treat the same as a valid invocation and for making the simultaneous payment of the demanded amount up to the maximum of Rs._____/-.

This Bank Guarantee shall remain in force up to 31-08-2024 and all claims should be received by the Bank on or before within three months from the said date.

The Bank's liabilities under this guarantee is restricted to Rs._____/-(Rupees: _____Only) and the guarantee shall remain in force up to 31.08.2024. Unless a claim is made on the Bank within three months from the said date i.e. on or before 31.11.2024, all the claims, rights and interest etc. Whatsoever of the Institute (Name of college & Address) _____ under this guarantee shall be lapsed and shall have no right to enforce this guarantee and the Bank shall be relieved and discharged from all liabilities there from.

Notwithstanding anything contained Herein:

- A. Our Liability under this Bank Guarantee shall not exceed Rs._____/-(Rs. _____ Only) .
- B. This Guarantee shall be valid up to 31.08.2024
- C. We are liable to pay the guarantee amount or any part thereof under this Bank Guarantee only and only if you serve upon us a written claim or demand received by us on/or before 31.11.2024 (Date of expiry of claim period of guarantee).

Dated :

THE BRANCH MANAGER,
____ BANK, _____ BRANCH.

B.G. Purpose

A/c Name:- MEDICITI INSTITUTE OF MEDICAL SCIENCES

A/c No:- 1636104000019248

IFSC:- IBKL0001636

Name of Bank:- IDBI BANK

Branch:- MEDCHAL

ANNEXURE - II

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

(FOR ALL CANDIDATES)

I, Dr.....selected for Post Graduate Degree/Diploma for the year 2023-24 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 :

Witness :

Signature of the Candidate

1. Signature :

Name and address in full

Name and address in full

2. Signature :

Name and address in full

2. Signature of parent:

Name and address in full

N.B. : 1. The Bond format shall be typed on the Non Judicial stamped paper.

ANNEXURE- III A

SELF DECLARATION BY INSERVICE CANDIDATES

I, Dr. _____ Son/Daughter of _____
is in service and working as _____ under the administrative
control of _____ have put up the following service
as on 30-06-2023.

- 1) Tribal Service - Years : Months Days
2) Rural Service - Years : Months Days
3. Other 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
(C1) Dept., Govt. of Telangana, Dated: 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 for
submitting false declaration in addition to cancellation of admission into the
Post Graduate course. I certify that the above information is true and correct.

Date:

Signature of the candidate

Name (in capitals):

Mobile Number:

Address:

ANNEXURE - III B

**SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL/DENTAL
SELECTION AS PER GOVERNMENT ORDERS**

SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. _____ Son/Daughter of _____
_____ is in service and working
as _____ under the administrative
control of _____. He/She is already
having _____

P.G. Diploma (Specify the specialty-If no information write Nil). He/She is eligible
under Service Quota for selection into any PG Degree / Diploma /MDS (Strike off the
one not applicable) admission into P.G. Medical/Dental Courses for the year 2023-24
as per orders of Govt. of T.S. vide **G.O.M.s.No.155 HM&FW (C1) Dept., Govt. of
Telangana, Dated: 18-11-2021**. His / Her date of birth is _____ and
he / she is having the requisite minimum 5 years of left over period of service after
completion of the course.

SERVICE AS ON 30-06-2023.

| Type of service | Place of Service | Service | | Total Period of Service |
|--------------------|------------------|----------|----------|-------------------------|
| | | From: | To: | |
| 1) Tribal Service: | | DD/MM/YY | DD/MM/YY | |
| 2) Rural Service: | | DD/MM/YY | DD/MM/YY | |
| 3) Other Service: | | DD/MM/YY | DD/MM/YY | |

(SEAL)

Date:

Signature of HOD

PROFORMA FOR UNDERTAKING

(IN THE FORM OF AFFIDAVIT(ON NON- JUDICIAL STAMP PAPERS OF RS.100/-)

UNDERTAKING

I, (Candidate name) S/o /
D/o....., bearing PG NEET 2023 Rank No
..... and I, (Parent name)
F/o bearing PG NEET 2023 Rank No

hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into PG 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:

(Non-Judicial stamped paper for Rs.100/-)
(PAYMENT OF FEE BOND for **Non Service** Candidates
(P.G. Degree Courses - Convener / Management Quota))

I, Dr. _____ selected for _____
Post Graduate Degree course for the year 2023-24 and admitted in MediCiti Institute of Medical Sciences, Ghanpur under Convener Quota / Management Quota do hereby undertake to complete the said course as per the requirements of the University. In the event of my discontinuation the studies after joining the course or without completing the stipulated period of the above said course, I undertake to pay to the Principal, MediCiti Institute of Medical Sciences, Ghanpur a sum of **Rs./- (Rupees)** per annum for the remaining period of the course from the date of discontinuation.

Date :

1. Signature of the Candidate

2. Signature of Parent :

Name and Address in full

Name and Address in full

Mobile No. :

Mobile No. :

E-mail ID:-

E-mail ID:-

**N.B.: 1. One of the Sureties should be father / mother / guardian
2. Proof of address shall be attached**

**PROFORMA OF AGREEMENT BOND FOR NON SERVICE CANDIDATES ADMITTED
TO PG MEDICAL COURSES 2023-2024**

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. N o. 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 Kamineni Academy of Medical Sciences and Research Centre, L B Nagar,

_____ Hyderabad, Telangana. 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 PART shall forthwith pay a sum of Rs. 50 ,00,000 for PG Degree.

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. _____ 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 Kamineni Academy of Medical

_____ Sciences and Research Centre,
L B Nagar, Hyderabad 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

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