

DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION (MQ-1, MQ-2)

Please arrange the documents in this order of sequence for submission

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

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.
18. NRI Documents – Original + 1 Set
Aadhaar Card & PAN Card (Photo Copy)
Passport Size Photos – 12 Nos.

19. BANK GUARANTEE for 1 Year :- Tuition Fee Amount

20. BONDS:- Available at College on Payment

- 1) Discontinue Bond Annexure-II
- 2) Service Bond
- 3) Tuition Fee Bond
- 4) 30% Fee Difference Bond (MQ-1)
- 5) Genuinity Bond

MediCiti INSTITUTE OF MEDICAL SCIENCES(MIMS)

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

CHECK LIST

POST GRADUATE ADMISSION 2023-24 (MQ-1)

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 (70%) }
 - Clinical - Rs. 16,10,000/- per year
 - Para Clinical - Rs. 2,71,000/- per year
 - Non Clinical - Rs. 1,51,200/- per year
- 3) Bank Guarantee for a period of One Year - Tuition Fee Amount
(Format enclosed)
- 4) Miscellaneous & College Fee - Rs. 2,71,000/-
(Online Payment Accepted)
- 5) Bonds as per University - Formats enclosed &
also available at college
on payment
- 6) Passport Size Color Photo - 12 Nos.
- 7) 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

MANAGEMENT QUOTA (MQ-1) 70 % of TUITION FEE DETAILS

- a) Clinical Degree
Tuition Fee for Clinical Departments - Rs. 16,10,000/-
- b) Para-Clinical Degree
Tuition Fee for Clinical Departments - Rs. 3,71,000/-
- c) Pre-Clinical Degree
Tuition Fee for Clinical Departments - Rs. 1,51,200/-

MediCiti INSTITUTE OF MEDICAL SCIENCES(MIMS)

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

CHECK LIST

POST GRADUATE ADMISSION 2023-24 (MQ-2)

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 }
 - Clinical Rs. 69,00,000/-
 - Para-Clinical Rs. 15,90,000/-
 - Para-Clinical Rs. 6,48,000/-
- 3) Bank Guarantee for a period of One Year - Tuition Fee Amount
(Format enclosed)
- 4) Miscellaneous & College Fee - Rs. 5,00,000/-
(Online Payment Accepted)
- 5) Bonds as per University - Formats enclosed &
also available at college
on payment
- 6) Passport Size Color Photo - 12 Nos.
- 7) 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

MANAGEMENT QUOTA (MQ-2) of TUITION FEE DETAILS

- | | | |
|----|---|-------------------|
| a) | <u>Clinical Degree</u>
Tuition Fee for Clinical Departments | - Rs. 69,00,000/- |
| b) | <u>Para-Clinical Degree</u>
Tuition Fee for Clinical Departments | - Rs. 15,90,000/- |
| c) | <u>Pre-Clinical Degree</u>
Tuition Fee for Clinical Departments | - Rs. 6,48,000/- |

ANNEXURE - II
(Non-Judicial Stamped Paper for Rs. 100/-)
(FOR ALL CANDIDATES)

I, Dr. selected Post Graduate Degree 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 K N R 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:

1) Signature

Name:

Address:

.....

Aadhar

Mobile No.

1) Signature of the Candidate

Name:

Address:

.....

Aadhar.....

Mobile No.....

2) Signature:

Name:

Address:

.....

Aadhar

Mobile No.

2) Signature of Parent

Name:

Address.....

.....

Aadhar.....

Mobile No.

ANNEXURE III
(NON-JUDICIAL STAMPED PAPER FOR RS. 100/-) (FOR
NON-SERVICE CANDIDATES)

I, Dr. selected for Post Graduate Degree Course for the Year 2023-24 do hereby under take to serve the (Institution where they pursued the Course) as a Senior Resident for a period of one year after successful completion of the PG Degree Course.

Date:

Witness:

1) Signature

Name:

Address:

.....

Aadhar

Mobile No.

1) Signature of the Candidate

Name:

Address:

.....

Aadhar.....

Mobile No.....

2) Signature:

Name:

Address:

.....

Aadhar

Mobile No.

2) Signature of Parent

Name:

Address.....

.....

Aadhar.....

Mobile No.

(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

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

I, Dr. S/o / D/o
R/o selected as a candidate for admission in to Post Graduate Degree specialization under **Management Quota (MQ-1)** for the year 2023 – 24 through common counseling conducted by the KNR University of Health Sciences, Warangal and I am allotted with a seat in discipline / subject.....in (Name of the College / Place) and as per to 170 HM &FW(CI) Dept. Dated: 28.07.2023 , the Fee Fixed by State of Telangana and payable by me for each year is Rs. for the above subject.

I submit that however, the Hon’ble High Court at Hyderabad vide interim orders dated 17-08-2023 passed in I.A. No. 1 of 2023 IN WP No: 22368 of 2023 directed the Institutions / Colleges to collect **70% (MQ1)** of the fee prescribed in G.O.Ms. No. 107 for time being from the candidates and directed to obtain a Bond from the student, that they undertake to pay balance of **30% (MQ1)** fee depending upon the further orders of the Hon’ble Court in the above case.

I declare that in compliance of the above orders, I am herewith paying **70% (MQ1)** of the fee payable under above G.O.Ms. No. 107HM & FM(C1) Dept dated 28.07.2023 for the 1st Year.

I hereby unequivocally and irrevocable agree and undertake to pay the remaining amount of the Fee for the **1st, 2nd & 3rd** Year depending upon the further orders to be passed by the Hob’ble High Court in the above case.

(Signature of Student)

(Signature of Parent/Guardian)

Name:

Name:

Address:

Address:

.....

.....

E-mail ID

E-mail ID

Mobile No.

Mobile No.

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:

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.

BANK ACCOUNT DETAILS BG PURPOSE**A/c Name:- MEDICITI INSTITUTE OF MEDICAL SCIENCES****A/c No:- 1636104000019248****IFSC:- IBKL0001636****Name of Bank:- IDBI BANK****Branch:- MEDCHAL**