MediCiti INSTITUTE OF MEDICAL SCIENCES

APPLICATION FOR ADMISSION INTO 1st YEAR MBBS COURSE 2026 - 27
Convener / Management Quota / NRI

REPORTING TIME FOR STUDENTS IS FROM 10:00 AM TO 4:00 PM

All INDIA NEET Rank : ..... Aadhar Card No. .....

NEET Score : ..... State Rank / Local Rank : .....

Category : Convener / Management / NRI

1. Name of the Candidate: .....

Date of Birth (DD/ MM /YYYY)..... .... (as in intermediate certificate)

Male : ☐ Female : ☐ Social Status OC / BC (A, B, C, D, E) / SC / ST Sub-Caste: .....

Email id of the Candidate: ..... Mobile No: .....

2. Name of the Father: ..... Mobile No: .....

Parent Occupation: Government / Private / Business Email ID of the Parent: .....

Address of Employment: .....

3. Name of the Mother: ..... Mobile No: .....

4. ICSE / CBSE / SSC - 10th class: Hall ticket No: ..... Marks Obtained: .....

500/600

Year of Passing; .....

d) ICSE / CBSE / 12th Class or Inter Marks: ..... 500 /1000

b) English 100/200

e) Marks in Physics, Chemistry & Biology including Practical: 300/600

d) Previous College Studied: .....

Address: .....

State: ..... Pin Code: .....

e) Identification Marks: 1) .....

2) .....

5. Address (Complete Postal Address)

i) D/o. / S/o. / C/o: .....

ii) D. No. / H. No. : ..... iii. Road / Street .....

iv) Village / Town / City: .....

v) District / State : ..... vi) Pin Code : .....

vii) Phone No with STD Code: .....

Place of Birth: .....

Mother Tongue: .....

Nationality and Religion: .....

Native District and State: .....

6. Total Marks obtained in Science subjects in the Intermediate or its equivalent examination

Subject	I Year		II Year		Practical		1st & 2nd Year		%
	Max Marks	Marks Secured	Max Marks	Marks Secured	Max Marks	Marks Secured	Total Max Marks	Total Marks Secured	
English									
Physics									
Chemistry									
Botany									
Zoology									
Biology									
Biotechnology									

Any other particulars the candidate desires to furnish:

MediCiti INSTITUTE OF MEDICAL SCIENCES (MIMS)

IDENTITY CARD

Affix Latest
Passport Size
Photograph

Name of Student:- .....

Name of the Course:- **MBBS** Batch:- **2026-27**

Ref. No. **UG 26-27/.....** Blood Group:- .....

Phone No:- .....

Note:- **ID Card Valid upto 5 ½ Years from the year of issue.**

Authorized Signature

LIST OF DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION

A) Photocopies - 03 sets :

1) NEET Admit Card
2) NEET Rank Card
3) KNRUHS Allotment Order
4) KNRUHS Online Application
5) KNRUHS Certification Verification Acknowledgement
6) Aadhaar Card

B) Original Certificates & *Photocopies - 03 sets*

1. SSC / CBSE / ICSE Marks Memo (Pass Certificate & Marks Memo)
2. Intermediate Marks Memo (Long Memo/Short Memo) (Pass Certificate & Marks Memo
3. Bonafide & Conduct Certificate 6th Class to Intermediate (School & College)
4. Gap Certificate (if applicable)
5. Transfer Certificate
6. Migration Certificate
7. Community Certificate (if applicable)
8. Equivalency Certificate from Telangana Board of Intermediate Education (if applicable)
9. NRI Declaration along with the attachments (if applicable)

C) Passport Size Photos – 6 Nos.

DECLARATION OF THE STUDENT AND PARENT / GUARDIAN

I hereby solemnly and sincerely affirm that the statement made and information furnished by me in the application form and also in all the enclosures there to, are true and correct. I have neither withheld any information nor furnished fraudulent information. Should it however be found that any information furnished therein is fraudulent, incorrect or untrue in material particulars at any time during the pursuit of the course, I realize my selection or admission to the course is liable to be cancelled and I am liable for criminal prosecution. Further I also agree to forego my seat and fees paid thereof to MediCiti Institute of Medical Sciences, Ghanpur unconditionally and I will not move any court of law in this connection.

I have read MBBS course brief regulations of NMC / KNR University of Health Sciences. I am aware that I may not be permitted to appear for any University Examinations unless I have 75% attendance in theory and practical/Clinics separately, and score minimum 50% marks in Internal Assessment Examination in concerned subjects in fulfillment of regulations laid down by Medical Council of India and KNR University of Health Sciences.
I shall abide by the decision of the selection Committee / Director, MediCiti Institute of Medical Sciences, Ghanpur, which shall be final and binding on me.

Date: SIGNATURE OF THE APPLICANT

I have fully read the information furnished by my son / daughter / ward and affirm that it is true and if it is proved that the information was fraudulent, I am liable for criminal prosecution and also forfeit the seat allotted to my ward and fees paid there of and abide by other conditions as specified above.

RESIDENTIAL ADDRESS : .....

.....

.....

Date: SIGNATURE OF THE PARENT / GUARDIAN

(Non-Judicial stamped paper for Rs.100/-)
(PAYMENT OF FEE BOND for **MBBS Course**
Convener / Management Quota / NRI)

(1) I, Mr/Ms._____(Name of the student)

(2) We, Mr./Ms._____ (Name of the Parent/Guardian) residing at _____the former having been admitted to the MBBS course 2026 - 27 at your institute under **Convener quota / Management / NRI** hereby agree, affirm and declare jointly and severally that we shall abide to pay the yearly tuition fees of Rs……..……../- for remaining **Four (4)** Instalments, to the said Institute as specified by the institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any circumstances and that we will not raise the issue of refunding to us the said amount at any time or under any circumstance. We also agree and undertake to pay the prescribed fee for each term if the period of study is prolonged beyond the normal prescribed period of four and a half years of study due to any reason whatsoever. We also understand that if all the dues are not cleared, the student may not be allowed to appear for the University examination.

We further agree and declare that In the event of his / her seat falling vacant due to discontinuation of the course in the middle or any other reason we shall abide to pay the tuition fee and other fees for the remaining years of study as may be due on the date of discontinuation to MediCiti Institute of Medical Sciences, Ghanpur, in lump sum.

SIGNATURE PARENT/GUARDIAN.

Name : ……

Address : ……

Email Id : ……

Mobile No : ……

SIGNATURE STUDENT

Name : ……..

Address : ……..……

Email Id : ……..……..

Mobile No : ……

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/BDS Course do hereby undertake 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 or after the date of announcement of second phase of admissions. I under take to pay KNR University of Health Sciences, a sum of Rs. 20,00,000/- (Rupees Twenty lakhs only) and I am aware that I will be debarred for three years for admission into MBBS/BDS 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.0.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 20,00,000.00/- (Rupees Twenty lakhs only) in case of discontinuation of MBBS Course after joining or after the date of announcement of second 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/BDS 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 Parent

Witnesses: 1)

2)

DATE: PLACE:

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:

(7)

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.

Iam 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:**

SCHEDULE OF TUITION FEE PAYMENT MBBS 2026-27

The tuition fee shall be paid at the beginning of each academic year .

Year	Fee payment	**A Cat**	**B Cat**	**C Cat**	
1st Academic Year 2026-27	1st Instalment - 2026 (on the day of admission)	60,000	12,00,000	24,00,000	And as per college circular at time of admission
2nd Academic Year 2027-28	2nd Instalment – 2027	60,000	12,00,000	24,00,000	
3rd Academic Year 2028-29	3rd Instalment - 2028	60,000	12,00,000	24,00,000	
4th Academic Year 2029-30	4th Instalment - 2029	60,000	12,00,000	24,00,000	
5th Academic Year 2030-31	5th Instalment - 2030	30,000	6,00,000	12,00,000	

Demand Draft in favour of ***MediCiti Institute of Medical Sciences***

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES
TELANGANA, WARANGAL

NOTICE

Fixation of the fee structure for UG Courses (MBBS and BDS) for the block period 2026-2029, Telangana Private Unaided Non-Minority and Minority Medical and Dental Colleges and Army College of Dental Sciences, Secunderabad is fixed As per GO.Ms No.98 HM&FW (C1) Dt 07/08/2026.

NOTIFICATION

In exercise of the powers conferred under Section 7 of the Telangana Educational Institutions (Regulation of Admission and Prohibition of Capitation Fee) Act, 1983 (Act No.5 of 1983), the Government hereby notify that the fee structure for the Block Period 2026–2029 shall be the same as the fee structure notified for block period 2023-2026 vide G.O.Ms.No.106, HM&FW (C1) Dept., dated 28.07.2023, read with G.O.Ms.No.132, HM&FW (C1) Dept, dtd.18.08.2023, for undergraduate Medical (M.B.B.S) and Dental (B.D.S) courses offered by the Private Unaided Non-Minority and Minority Medical and Dental Colleges in the State and also the Army College of Dental Sciences, Secunderabad. The terms and conditions stipulated in the aforesaid G.Os., shall continue to apply for block period 2026-2029.

In respect of institution which is granted fresh affiliation by the concerned University/Government during the block period 2026–2029, the lowest fee structure prescribed for institution under the aforesaid G.Os. mentioned above shall be applicable.

DATE: 11.08.2026

11-08-26

REGISTRAR (FAC)

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES
TELANGANA, WARANGAL 506002

From:
The Registrar (FAC),
Kaloji Narayana Rao University of Health Sciences, Telangana,
Warangal – 506 002

To:
All the Principals/Deans of,
Medical Colleges,
Affiliated to KNRUHS, TG

Lr.No.4488/KNRUHS/AC4/2026, Dated:21.04.2026

Sir/Madam,

Sub: KNRUHS – Academic - MBBS Course – Collection of Tuition Fee for 4½ years in 5 equal instalments from the students admitted into MBBS course – Strictly to follow the same - Reg.

Ref:
1. G.O.Ms.No.106, HM&FW(C1) Dept., Dated: 28.07.2023.
2. Press release issued by TAFRC, Dated: 26.06.2024.
3. Rc.No.299/TAFRC/MBBS/2024, Dated: 07.10.2024.
4. This Office Lr.No.SPL/KNRUHS/AC4/2025, Dated: 17.02.2026.
5. This Office Lr.No.Spl/2/KNRUHS/AC4/2025, Dated: 02.04.2026.
6. Public Notice issued by National Medical Commission, Dated: 07.04.2026.
7. This Office Lr.No. 4488/KNRUHS/AC4/2026, Dated: 15.04.2026.

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In continuation to this Office letter under reference 7th cited, it is hereby informed that the annual fee mentioned in the G.O. under ref. 1st cited should be multiplied by 4½ years as per ref. 2nd cited and to collect the tuition fee in 5 equal instalments.

All the Principals of Medical Colleges are hereby informed strictly to follow the same, if any deviation from the instructions will be viewed seriously, and strict action shall be initiated against the concerned institution as per the rules in force and also to display the same in the college notice boards for information to all the students.

Yours faithfully,

REGISTRAR (FAC)

Registrar
KALOJI NARAYANA RAO
University of Health Sciences
T.G. Warangal.

Copy to: PS to Vice-Chancellor, KNRUHS.

MediCiti Institute of Medical Sciences

27/08/2026

Reg : Transport, Hostel Accommodation & Mess charges

The college timing for 1st MBBS students of 2k26 batch from 9:00 am to 4:00 pm.

Bus transport facility will be available to all the students of 1st MBBS batch.

Transport Charges are Rs.72000/- (per annum) for 12 months in single payment. Detailed stoppage with timing will be uploaded on website. Application forms can be collected from the office of Transport Incharge.
Payments should be made online :

Contact No. Mr. Subba Raju - 7013608255 / Mr. Suresh-9848338526

College Name	:	MediCiti Institute of Medical Sciences
Account No.	:	463305000274
IFSC code	:	ICIC0004633
Bank Name	:	ICICI Bank
Branch Name	:	Gandimaisamma Branch

Hostel Accommodation Charges are Rs.72000/- (per annum) for 12 months in single payment. Rooms are allowed only to the students who are outside the GHMC limits. Allocation of hostel rooms will be done only after closure of admission procedure by KNRUHS and will be displayed on the Website. Application forms will be at Principal's office.
Payments should be made online :

Contact No. Mr. Harpal-9966620567 Hostels Incharge
Mr. Nagaraju -8143718700 (Boys Hostel In-charge)
Mrs. Ellen – 9908982846 (Girls Hostel In-charge)

Online payments to the following Account :

College Name	:	MediCiti Institute of Medical Sciences
Account No.	:	463305000274
IFSC code	:	ICIC0004633
Bank Name	:	ICICI Bank
Branch Name	:	Gandimaisamma Branch

Mess Charges will be paid at **Central Canteen,** the charges are given below for your information :

Period	Amount (Rs)
Monthly	6,300
Half Yearly	34,000
Yearly	65,000

B.G.No.:
Date of Issue:
B.G. Amount: Rs.
Date of expiry :.....-.....-2027

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. _____, S/o /D/o _____ [hereinafter to be referred as **'STUDENT'**] in favour of MediCiti Institute of Medical Sciences (V), Ghanpur (M& Dist.), Telangana represented by its " **Principal** " Telangana [hereinafter to be referred as **'BENEFICIARY' "INSTITUTE**]".

WHEREAS the above named Student got admitted into 1st MBBS Course for the academic year 2026-27 for the duration of the remaining 4 year of every course in the Beneficiary Institute and paid the 1st year fee of Rs...../- (Rupees ..... Only) and is also obligated to pay the fee of Rs...../- every year for the remaining period of course as follows on

1st ..... 2026, 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 fee of Rs...../- per year for 2nd year period i.e.

1st ..... 2026, Rs...../- (Due date of Payment of Fees).

or any part thereof during the balance course period of MBBS, 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 not withstanding 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.

Not with standing 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 along with submission of the original Bank Guarantee for making the simultaneous payment of the demanded amount up to the maximum of Rs...../-.

This Bank Guarantee shall remain in force up to DD ---MM---2027 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 dt. .....2027. Unless a claim is made on the Bank within three months from the said date i.e. ..... all the claims rights and interest etc. Whatsoever of the Institute (college name and 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 .....2027.
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 .....2027 (Date of expiry of claim period of guarantee).

Dated :

THE BRANCH MANAGER,
_____ BANK, _____ BRANCH.

A/c Name:- MEDICITI INSTITUTE OF MEDICAL SCIENCES
A/c No:- 463305000274 , IFSC:- ICIC0004633.
Name of Bank:- ICICI Bank ,
Branch:- Gandimaisamma