



CMR INSTITUTE OF MEDICAL SCIENCES

Kandlakoya, Medchal Road, Hyderabad - 501401

MBBS ADMISSIONS – 2023-24 - CHECK LIST

1. NEET Rank Card – 2023
2. NEET Admit Card – 2023
3. University Allotment Order - 2023
4. KNR UHS online Registered Application - 2023
5. Certificate Verification Acknowledgement by Convener TSMED-2023
6. SSC Marks Memo (Long Memo)
7. Intermediate Marks Memo (Long Memo)
8. Equivalence Certificate for students studied in other states and foreign countries
9. Migration Certificate for students studied in other states and foreign countries
10. Study Certificates from 6th to 12th
11. Transfer Certificate
12. Latest Caste Certificate - If applicable
13. Latest Income Certificate - If applicable
14. Residence Certificate of the candidate or either parent - If applicable
15. Gap Certificate - **from MRO** (if applicable)
16. **Notarized** discontinuation Bond (Rs.20,00,000/-) on Rs.100/- Non judicial Stamp Paper
17. **Notarized** declaration Bond (Genuinity bond) on Rs.100/- non judicial Stamp Paper
18. **Notarized** declaration Bond (Bond - Seat Blocking) on Rs.20/- non judicial Stamp Paper
19. **Notarized** CMRIMS fee Bond on Rs.100/- non judicial Stamp Paper
20. **Notarized** ANTI-RAGGING AFFIDAVIT (Rs.10/- Stamp Paper)
21. **Bank Guarantee:** Category – B Category – C
22. Aadhar Cards – **Student, Father, Mother** Xerox copies
23. Passport Size Photos-12
24. 3 Sets of Xerox copies of all certificates
25. DD in favour of “**CMR INSTITUTE OF MEDICAL SCIENCES**” payable at “**Hyderabad**”.

For NRI Quota (C Cat):

- NRI Sponsorship certificate (DECLARATION Form)
- NRI status certificate of the financial supporter issued by embassy of respective country under their seal.
- Copy of NRI Bank account pass book of the financial supporter
- Copy of Pass port/Visa of NRI financial supporter

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF
AFFIDAVIT (ON NON- JUDICIAL STAMP PAPERS OF RS.100/-
WITH NOTARY)
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
requirements 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 undertake to pay KNR University of Health Sciences, Telangana,
Warangala sum of Rs. 20,00,000.00/- (Rupees Twenty Lakh 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.O.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 Lakh only) in case of discontinuation of MBBS Course after joining
or after the date of announcement of 2nd 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 for 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) :

GENUINITY BOND

**PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
(ON NON-JUDICIAL STAMP PAPERS OF RS.100/- WITH NOTARY)**

UNDERTAKING

I, (Candidate name)
S/o/ D/o bearing UG NEET 2023
Rank No.....

And

I, (Parent Name)
F/o..... bearing UG NEEET 2023
Rank No.....

hereby give an understand as below, in connection with our claim with regard to certificates submitted for admission into UG Medical 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:

CMRIMS FEE BOND

MBBS ADMISSIONS 2023-24

PROFORMA FOR BOND MBBS (Rs. 100/- STAMP PAPER with NOTARY)

I, Mr/Ms. _____ S/o / D/o: _____
selected for MBBS Course under _____(A/B/C) Category and reported on _____ and
taken admission in CMR Institute of Medical Sciences, Kandlakoya, Medchal Road, Hyderabad, Telangana
do hereby undertake to complete the course as per the requirements of KNR University of Health
Sciences and CMR Institute of Medical Sciences. In the event of my discontinuing the studies after closing
of UG admissions 2023-24, I undertake to pay the complete course fee to CMR Institute of Medical
Sciences.

Signature of the Candidate

I, Mr/Mrs. _____ parent
of Mr/Ms. _____ do hereby undertake to pay CMR Institute of
Medical Sciences, the complete course fee (Five Years) in case of discontinuation of MBBS Course after
closing of UG admissions 2023-24 by my Son/Daughter.

Date:

Signature of Parent

Witness Signatures

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

COMPETENT AUTHORITY QUOTA (A Category)

DECLARATION BY CANDIDATE / PARENT

PROFORMA FOR BOND MBBS (Rs. 20/- STAMP PAPER with NOTARY)

I, Mr/Ms. _____ S/o:D/o:

_____ selected for MBBS/BDS Course for the year 2023-24 under Competent Authority Quota declare that I am not admitted in any other Medical College in the country as on today. I am not a part of any seat blocking procedure. I will not discontinue the course without valid seat allotment at a later date in other college. In case of any discrepancy I am liable for legal action by KNR University of Health Sciences and Government and cancellation of seat.

Signature of the Candidate

I, Mr/Mrs. _____ parent of

Mr/Ms. _____ selected for MBBS/BDS Course for the year 2023-24 under Competent Authority Quota declare that my son/daughter is not admitted in any other Medical College in the country as on today. My son/daughter is not a part of any seat blocking procedure. Candidate will not discontinue the course without valid seat allotment at a later date in other college. In case of any discrepancy we are liable for legal action by KNR University of Health Sciences and Government and cancellation of seat.

Date:

Signature of Parent

MANAGEMENT QUOTA (B & C Categories)

DECLARATION BY CANDIDATE

(Non-Judicial Stamped paper for Rs. 20/-)

I, Dr. S/o, D/o -----

selected for MBBS/BDS _____ for the year

2023-2024 under Management Quota (B-CAT ,C-CAT Categories) at

_____Medical College affiliated to KNRUHS . I do hereby declare that I

am not admitted into MBBS/BDS Course in any Medical/Dental College in the country at

present which amounts to seat blocking. I have been informed by the Principal that in the event

of detection at a later date of the candidate being admitted in any other Medical/Dental

College for UG Course simultaneously, the candidate will be liable for penal action by the

National Medical Commission/ Kaloji Narayan Rao University of Health Sciences/Government.

DATE :

Signature of the Candidate

Name and address in full

Signed in my presence

Attested by

Principal of the College with seal

ANTI-RAGGING BOND

PROFORMA FOR BOND MBBS (Rs. 10/- STAMP PAPER with NOTARY)

(AS PER JUDGEMENT OF HONOURABLE HIGH COURT,

TELANGANA FORM - III

(UNDERTAKING BY CANDIDATE / PARENT ON

RAGGING) UNDERTAKING OF CANDIDATE

I, Mr./Mr. _____ with NEET - 2023 Rank
_____ Son/Daughter

of _____ if admitted into any course of
KNR University of Health Sciences, Warangal in the academic year 2023-24 assure that
I will not indulge in the act of ragging of indiscipline during study period in the colleges
affiliated to this University. If violated, the university/college authorities may take
appropriate action against me.

SIGNATURE OF THE CANDIDATE _____ **NAME OF THE**

CANDIDATE:

NAME OF THE PARENT /

GUARDIAN: DATE:

UNDERTAKING OF CANDIDATE'S PARENT

I, Sri./Smt. _____

_____ Father/Mother of Mr./Ms. _____ who is
admitted into _____ course of KNR
University of Health Sciences, Warangal in the academic year 2023-24 assure that my
son/daughter will not indulge in the act of ragging at any stage during his/her during
study period in the colleges affiliated to this University. If violated, I may also be liable
for any type punishment along with my son/daughter.

SIGNATURE OF THE PARENT : FATHER/MOTHER _____

NAME OF THE FATHER /

MOTHER : DATE:

ADDRESS WITH PH. NO.:

C - Category (NRI) DECLARATION

Annexure-1

DECLARATION

(This declaration is to be given by a student/parent/Blood Relative (family member)
who is seeking admission under NRI category (Management quota of NRI)

I, Mr/Ms NEET-2023 UG Roll No

-----Rank NEET-2023

(UG) -----Son/daughter of Mr/ Msseeking
admission into UG course in Management Quota (NRI quota seats) for the academic year 2023- 2024
into _____Medical/Dental College of Telangana Private Non-
Minority / Minority Medical & Dental Colleges do hereby declare and state as under:

I declare that I am Son/Daughter/Niece/Nephew/Brother/Sister of

Mr/Ms..... S/o.....R/o.....

..... (here
incorporate the complete address of NRI to whom the candidate is related).

I declare that the said family member NRI is paying my fee for my UG course and I further declare
that the above facts stated are true and correct and I am liable for any action in the event of
concealment of facts. Hence, this declaration.

(Signature of the Candidate)

I,.....S/o _____here declare and confirm that the
above candidate viz., Mr/Ms.....is related to me as
Son/Daughter/Niece/Nephew/Brother/Sister and I hereby irrevocably agree and undertake
to provide finance support to him/her by payment of entire fees and other expenses for pursuing UG
course in the Medical/Dental College of Telangana State under KNR UHS.

Date:

(Signature of the NRI)

BANK GUARANTEE FORMAT

Category B & C (NRI)

B.G.No.:

Date of Issue:

B.G. Amount: Rs.

Date of expiry:

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 **CMR Institute of Medical Sciences**, Kandlakoya, Medchal Road, Hyderabad- 501401, [hereinafter to be referred as 'BENEFICIARY', "INSTITUTE"].

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 for Rs. _____ per year (In words: _____).

31st August 2027, Rs. _____ (In words: _____)
(Due date of Payment of Fees).

or any part thereof during the balance course period of _____ (Course), 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.

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 upto the maximum of Rs._____.

This Bank Guarantee shall remain in force up to 31.08.2027 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 31.08.2027.

Unless a claim is made on the Bank within three months from the said date i.e. 31.08.2027 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 31.08.2027.
- 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 the said expiry date.

Dated:

THE BRANCH MANAGER,

BANK,

BRANCH.