



MAHAVIR INSTITUTE OF MEDICAL SCIENCES

Vikarabad (Dist), Telangana-501102.

Permitted by NMC/MCI, No.U 12011/13/2016-ME-I, Govt. of India

Dt:08.06.2016.

Affiliated to Kaloji Narayana Rao University of Health Sciences,
Warangal, Telangana.



MBBS FEE & PAYMENT DETAILS

Details of UG Course Intake Capacity

Name of The Course : **MBBS** (Bachelor of Medicine Bachelor of Surgery)
Intake Capacity : 150 Seats

Fee Details for Category – A

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

Tuition Fee : Rs. 60,000/- **[DD]**

Demand Draft in Favor of “**MAHAVIR INSTITUTE OF MEDICAL SCIENCES**”
Payable at **Vikarabad**.

For Details Contact:

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Mr. Hanumanth

-- Phone No: 76808 81005

**MAHAVIR INSTITUTE OF MEDICAL SCIENCES,
SHIVAREDDY PET, VIKARABAD PIN NO: 501102**

STUDENT CHECK LIST – ACKNOWLEDGEMENT MBBS Admission -2023-24			
STUDENT NAME		CATEGEORY	
S. NO.	CERTIFICATES RECEIVED IN ORIGINAL		CHECK
1	Application Form		
2	Provisional Allotment Order		
3	NEET Hall Ticket Xerox		
4	NEET Rank Card Xerox		
5	Intermediate Marks Memo		
6	SSC Marks Memo		
7	Bonafide & Conduct Certificate (6 th to 10 th & Intermediate)		
8	Transfer Certificate		
9	Gap Certificate		
10	Residence Certificate		
11	Cast /Community Certificate		
12	Income Certificate		
13	Migration Certificate		
14	Aadhar Card Xerox		
15	Hostel/Transport Allotment Letter		
16	Photographs (16 COPIES)		
17	Bond		
18	Bank Guarantee – (B – CAT & C - CAT)		
19	Sponsorship Details (C- CAT)		
20	Undertaking and Anti Ragging Affidavits		

**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 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). Incase 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)

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 2022 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:

ANNEXURE I

AFFIDAVIT BY THE STUDENT

I, _____ (full name of student with Institute Roll Number)

s/o d/o Mr./Mrs./Ms. _____, having

been admitted to _____ (name of the institution), have

received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
- 5) I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- 6) Along with the above mentioned points I do hereby declare that
 - a) I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
 - b. I will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this ___day of _____ month of _____year.

Signature of deponent

Name: _____

Note : It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session

ANNEXURE II

AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/guardian)
Father/mother/guardian of _____ (full name of student with University
Roll Number) , having been admitted to _____ (name of the institution) , have received or
downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009,
(hereinafter called the “Regulations”), carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 5) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.
- 6) Along with the above mentioned points I do hereby declare that
 - a) My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
 - b) My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name:

Address:

Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month) , (year) .

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month) , _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.