



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.



PG FEE & PAYMENT DETAILS

Fee Details for Category – A

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

Tuition Fee

: Rs. 7,00,000/- [DD]

Payment Details:

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

Details of PG Course Intake Capacity

NAME OF THE COURSE:

MD - Anatomy	- Intake 02 seats
MD- Biochemistry	- Intake 02 seats
MD – Physiology	- Intake 02 seats
MD – Pharmacology	- Intake 02 seats
MD – Pathology	- Intake 02 seats
MD – Microbiology	- Intake 02 seats
MD – Forensic Medicine	- Intake 02 seats
MD – Community Medicine	- Intake 03 seats
MD – General Medicine	- Intake 04 seats
MD – Pediatrics	- Intake 02 seats
MD – Dermatology, Venereology & Leprosy	- Intake 02 seats
MS – General Surgery	- Intake 02 seats
MS – Orthopedics	- Intake 02 seats
MS – Obstetrics & Gynecology	- Intake 04 seats
MD – Anesthesiology	- Intake 02 seats

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

STUDENT CHECK LIST – ACKNOWLEDGEMENT PG - Admission -2023-24			
STUDENT NAME		CATEGEORY	
S. NO.	CERTIFICATES RECEIVED IN ORIGINAL		CHECK
1	Application Form		
2	Provisional Allotment Order		
3	NEET PG – 23 Hall Ticket Xerox		
4	NEET PG – 23 Score Card Xerox		
5	Intermediate Marks Memo Or Equivalent Certificate		
6	SSC Marks Memo		
7	Original MBBS Degree Certificate		
8	Migration Certificate		
9	Compulsory Rotator Internship Certificate		
10	Permanent Medical Registration from the respective state Medical Council		
11	10 Years Residence proof /Study certificate for non local candidates claiming unreserved quota seats (who studied MBBS outside AP/TS of other country)		
12	Bonafide & Conduct Certificate (6 th to 10 th & Intermediate)		
13	Transfer Certificate		
14	Gap Certificate		
15	Residence Certificate		
16	Cast /Community Certificate		
17	Income Certificate		
18	Aadhar Card Xerox		
19	Photographs (10 COPIES)		
20	Bonds		

(KNRUHS DISCONTINUATION BOND)
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. I am also aware of being ineligible for admission for three years in colleges affiliated to **KNRUHS**.

Date :

Signature of the Candidate

Witness :

1. Signature :

Name and address in full

Name and address in full

2. Signature :

Signature of parent:

Name and address in full

Name and address in full

(GENUINITY BOND)

(ON NON-JUDICIAL STAMP PAPERS OF RS.100/- WITH NOTARY)

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

UNDERTAKING

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

And

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

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

PROFORMA FOR BOND PG (MD/MS) (ON NON-JUDICIAL STAMP PAPER FOR Rs.100/- AND NOTARY)

POST GRADUATION MD / MS ADMISSIONS-2023

UNDERTAKING

I, Dr. _____ S/o / D/o: _____
selected for Post Graduation MD / MS Course _____ under
_____ Category and reported on _____ and taken admission in Mahavir
Institute of Medical Sciences, Vikarabad, Telangana do hereby undertake to complete the course as
per the requirements of KNR University of Health Sciences and Mahavir Institute of Medical
Sciences. In the event of my discontinuing the studies after closing of Admissions-2023, I
undertake to pay the complete course fee (Three Years) to Mahavir Institute of Medical Sciences.

Signature of the Candidate

I, Mr/Mrs. _____ parent of Dr. _____
_____ do hereby undertake to pay Mahavir Institute of
Medical Sciences, the complete course fee (Three Years) in case of discontinuation of Post
Graduation Course MD/MS _____ after closing of Admissions-2023 by KNRUHS
by my Son/Daughter.

Date:

Signature of Parent

Witness Signatures

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

B.G.:... ..
Date of Issue.:.....
B.G. Amount.:.....
Date of Expire.:.....

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/D/o.[Hereinafter to be
referred as ‘**STUDENT**’] in favour of **MEDICAL SCIENCES, VIKARABAD, Telangana**
represented by its principal, Mahavir Institute of Medical Sciences, Vikarabad, Telanagana
[Hereinafter to be referred as ‘**BENEFICARY**’].

WHEREAS the above named student got admitted into 1st yeat post graduate medical
course for the academic year **2023-24** for the duration of the remaining 2 years of course in the
beneficiary institute and paid the 1st year fee of **Rs. 7.00.000/- [Rupees Sevens Only]** and is also
obligated to pay the balance fee Rs.14,00,000/- for the remaining period of course as follows on.

1. 30th September, 2024 Rs.700,000/- [Due date of payment of fees]
2. 30th September , 2025 Rs.700,000/- [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 he entire course.

Hence in the event of default on the part of the students in payment of balance fee of Rs. 7,00,000/- per year i.e.

1. 30th September, 2024 Rs.700,000/- [Due date of payment of fees]
2. 30th September , 2025 Rs.700,000/- [Due date of payment of fees]

Or any part there during the balance course period of P.G the Bank on behalf of the student hereby irrevocable and unconditionally agrees and undertakes to pay forthwith the said sum of Rs.7,00,000/- or part thereof to the beneficiary without any condition, protest, demur or proof and without reference to any consent of the student irrespective of and 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 or invocation for any part amount of the bank guarantee to the bank. The Bank agree to make the payment of invoked amount to the beneficiary simultaneously on the beneficiary submitting the letter or 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 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.7,00,000/-**.

This bank guarantee shall remain in force up to 30.09.2025 and all claims should be received by the bank on or before within three within three months from the said date.

Unless extended, this guarantee shall remain in force till 30.09.2025 provided however, that should it be necessary to extend the bank undertakes to extend the period of this guarantee on the written request of the beneficiary received on or before the expiry of this guarantee i.e. on or before 31.12.2025 as required by the beneficiary.

The bank's liabilities under this guarantee is restricted to **Rs.7,00,000/- (Rupees Seven Lakh Fifty Thousands only)** and the guarantee shall remain in force up to 30.09.2025 all the claim is made on the bank within three months from the said date i.e. 31.12.2025 all the claims right and interest etc. whatsoever of the Institute **MAHAVIR INSTITUTE OF MEDICAL SCIENCES, VIKARBAD, Telangana** under this guarantee shall be lapsed and shall have no right to enforce this guarantee and the bank shall be relived and discharged from all liabilities there from.

Notwithstanding anything contained herein:

- A. Our liability under this bank guarantee shall not exceed **Rs.7.00,000/- ((Rupees Seven Lakh Fifty Thousands only)**).
- B. This guarantee shall be valid up to **30.09.2025**.
- 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 31.12.2025. (Date of Expire of claim period of guarantee).

Dated

THE RANCH MANAGER,

.....**Bank, Branch.**