

**CHALMEDA ANAND RAO INSTITUTE OF MEDICAL SCIENCES,
BOMMAKAL, KARIMANGAR – 505 001**

CERTIFICATES REQUIRED FOR SELECTED PG DEGREE CANDIDATES

Sl. No.	NAME OF THE CERTIFICATE
1	Original Allotment Letter (KNRUHS, Warangal)
2	Online Registration Application for Admission PG Course(KNRUHS, Warangal)
3	NEET PG - Hall Ticket
4	NEET PG - Rank Card
5	S.S.C./C.B.S.E.
6	Intermediate Certificate (10+2)
7	M.B.B.S. Original Degree
8	M.B.B.S. Permanent Registration /
9	Internship Completion Certificate
10	MBBS Transcript / Marks Memos
11	MBBS Transfer Certificate
12	Study Certificates from 6 th Class to MBBS Degree course
13	Caste Certificate (BC, SC, ST)
14	Service Eligibility Certificate for Service Candidates
15	Aadhar Card copy and PAN copy (Student and Parent)
16	Photos - 10 No's (Latest colour passport size)
17	NRI Documents as Required for KNRUHS, Warangal i) NRI Sponsorship certificate (DECLARATION Form) ii) NRI status certificate of the financial supporter issued by embassy of respective country under their seal. iii) Copy of NRI Bank account pass book of the financial supporter iv) Copy of Pass port of NRI financial supporter
18	Discontinuation Bond (Rs.50,00,000) Annexure – II (100 Rs/- Stamp Paper)
19	One year Service Bond (Rs. 20,00,000) (100 Rs/- Stamp Paper)

Note: -

1. Submit all the Originals Certificates & Documents 3 sets(i.e. 1-Set of Colour & 2 – Sets of B&W) Should be Produced at the time of Reporting.

2. Tution Fee & Bank guarantee as per the G.O.Ms. No.107, Health & Family Welfare (C1) Department, Dated: 28-07-2023.

3. Tution Fee DD in favor of “Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar”

4. Institution website: www.caimes.in

(For All Candidates)

I,S/o, D/o..... . Alloted for Under Graduate 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 up to that date to Government.

Date :

Signature of the Candidate

Witness :

Suretias

1. Signature :

1.Signature :

Name and Address in full

Name and Address in full

2. Signature :

2.Signature :

Name and Address in full

Name and Address in full

ANNEXURE – III

(For MANAGEMENT QUOTA CANDIDATES)

I, Dr. _____ selected for Post Graduate Degree for the year 2023-24 do hereby undertake to serve the Chalmeda Anand Rao Institute of Medical Sciences, Karimnagar as a Senior Resident for a period of one year after successful completion of the PG Degree course.

Date :

Signature of the Candidate

Witness :

Sureties

1. Signature :

1. Signature :

Name and Address in full

Name and Address in full

2. Signature :

2. Signature :

Name and Address in full

Name and Address in full

**PROFORMA OF AGREEMENT BOND FOR NON SERVICE CANDIDATES ADMITTED
TO PG MEDICAL COURSES 2023-2024**

THIS DEED OF BOND IS EXECUTED AT _____ ON THIS DAY OF BY

Name: _____ S/O, D/O, W/O _____

Residing At (Permanent Address): _____

Mobile No: _____

mail id: _____

AADHAR NO. _____

TO IN FAVOUR OF PRINCIPAL _____ COLLEGE

WHEREAS the Party of the FIRST PART have applied for admission to PG Medical course in T elangana St at e and the Party of the FIRST PART has been selected to the said course.

As per the GO.Ms.No.155, HM&FW (C1), Department, Dated:18-11-2021 and the Prospectus of KNRUHS, the Party of the FIRST PART has agreed to serve the Government of Telangana at any of the Government Institutions as per the orders of State Government for a period one year (For Non Service Candidates) after successful completion of the PG course and on such failure of not completing the full bond period of service, the Party of the FIRST PART shall forthwith pay a sum of Rs. 20,00,000 for PG Degree and Rs. 10,00,000 for PG diploma course

AND WHEREAS for the better protection of the Government, the Party of the FIRST PART has agreed to execute the bond with 2 sureties who are Government Gazetted Officers/ Income Tax assesses to stand guarantee for the above said amount.

AND WHEREAS the Party of the FIRST PART have also agreed that on successful completion of the Post graduation course, the Party of the FIRST PART shall successfully complete the requisite bond period of one year service or pay to the Government of Telangana (Director of Medical Education) on demand the sum of Rs. _____ Lakh only) and on such default together with interest at Government rates thereon from the date of demand on the said amount.

The Party of the FIRST PART _____ or his/ her legal heirs, executors and administrators shall forthwith pay to the Government on demand the said sum of Rs. _____ together with interest in the event of default by the Party of the FIRST PART.

AND upon the Party of the FIRST PART _____ or
1. _____ or 2. _____

The sureties aforesaid making such payment, the above written bond shall be void and be of no effect, otherwise it shall remain in force and virtue

PROVIDED always that the liability of the sureties hereunder shall not be impaired or discharged by reasonable time being granted or by any forbearance, act or omission of the Government or any person authorized by them (Whether with or without the consent knowledge of the sureties) nor shall it be necessary for the Government to sue the Party of the FIRST PART before suing the sureties

1. _____
2. _____

Or any of them for the amount due hereunder

This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

This bond is exempted from stamp duty, under Article 57 of Schedule- I of the Indian Stamp Act, 1899. (Central Act II of 1899)

NOW THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1. The Party of the FIRST PART has agreed to serve the Government of Telangana for a period of one year on successful completion of the PG course and in the event of default the Party of the FIRST PART shall pay forthwith a sum of Rs. _____ (Lakhs only) to the Government of Telangana (Director of Medical Education).

2. For the aforesaid amount of Rs. _____ lakhs only
the event of such default till payment of Rs. _____ Lakhs only) is paid to the Government of Telangana

Signed and Dated at _____

_____.
on this the _____ day of _____

Signed and delivered by the Party of the FIRST PART _____

Signature of the Candidate:

PAN No. of Surety 1 : _____ Aadhar No. _____

Signed and delivered by the Surety _____

Signature of the Surety with seal. _____

In the presence of :

Witness 1.

Witness 2

Name:

Name:

Address:

Address:

Signature

Signature

PAN No. of Surety 2 :

Aadhar No. _____

Signed and delivered by the Surety _____

Signature of the Surety with seal. _____

In the presence of :

Witness 1.

Witness 2

Name:

Name:

Address:

Address:

Signature

Signature

ACCEPTED

For and on behalf of any of the order and direction of the Government of Telangana.

Date :

Station :

Principal

_____ Medical College

DECLARATION

(This declaration is to be given by a student / ward as well as his /her Guardian who is seeking admission under NRI category (Management quota- Subcategory 2) being ward of NRI)

I, Mr..... NEET-2023 (PG)/(MDS) Testing ID No. -----
RankNEET-2023 (PG)/(MDS) -----ward ofseeking admission into
Postgraduate course in Management Quota Subcategory 2(NRI quota seats) for the academic year 2022-2023 into
Member Medical College of Telangana Private Non-Minority Medical & Dental Colleges and Minority medical Colleges
Managements Association do hereby declare and state as under:

I declare that I am a ward of /under guardianship of
Mr/Ms.....S/o.....
.....R/o.....
..... (here incorporate the complete address of NRI of whom the candidate/ declarant is a ward).

I declare that the said NRI is paying my fee for my Postgraduate 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/ohere
declare and confirm that the above declarant viz., Mr.....is my
ward and is under my guardianship and I hereby irrevocably agree and undertake to provide finance
support to him/her by payment of entire fees and other expenses for pursuing postgraduate course in
the Member Medical College of Telangana Private Non-Minority Medical & Dental Colleges & Minority Medical Colleges
Managements Association.

Date:

(Name and Signature of the Guardian / NRI)

Undertaking Genuinity Bond

PROFORMA FOR UNDERTAIKNG IN THE FORM OF AFFIDAVIT (ON NON- JUDICIAL STAMP PAPERS OF RS.100/-)

UNDERTAKING

I, _____ S/o /

D/o _____, bearing PG NEET 2023 Rank No _____

and

I, _____ M/o/

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 course 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

Adhar No :

Address :

Date (DD/MM/YYYY):

Signature of the Candidate

Adhar No :

Address :

Place: