

**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	NEETPG-Hall Ticket
4	NEETPG-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 passbook of the financial supporter iv) Copy of Passport of NRI financial supporter
18	Discontinuation Bond(Rs.50,00,000)Annexure-II(100Rs/-Stamp Paper)
19	One year Service Bond (Rs.20,00,000) (100 Rs/-Stamp Paper)

Note:-

1. Submit all the Originals Certificates & Documents 3sets(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 infavor of “Chalmeda Anand Rao Institute of Medical Sciences ,Karimnagar”
4. Institution website: www.caims.in

(For All Candidates)

I,S/o,D/o..... Alloted for Post Graduate for the year 2024-25 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:

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

ANNEXURE– III

(For MANAGEMENT QUOTA CANDIDATES)

I,Dr._____selected for Post Graduate Degree for the year 2024-25 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 2024-2025**

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 State 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- 2 0 2 1 a n d t h e 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 bonds 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)

NOWTHEDEEDOFINDEMNITYBONDWITNESSESASFOLLOWS:

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. _____ lakh only in 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-2024(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 2024-2025 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 award).

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/o.....here

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

I,

.....
(Candidate name) S/o D/o....., bearing
UG/PG NEET 2024 Rank No and I,

.....
..... (Parent name) F/O
bearing UG/PG NEET 2024 Rank No

Hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into PG Medical and Dental Courses for the Academic Year 2024-25 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: Karimnagar

UNDERTAKING

I, _____ D/S/O _____

Resident of _____ selected as a candidate for admission in to P.G. Degree under (A / MQ1/ MQ2 / MQ3) Category quota for the academic year 2024-25 through common counselling conducted by the KNR University of health Sciences, Warangal and I am allotted with a seat in round _____ counselling In **CHALMEDA ANAND RAO INSTITUTE OF MEDICAL SCIECES, Bommakal Village, Karimnagar, Telangana** the Tuition fee payable by me for each year is Rs.

for the above course along with the Bank Guarantee.

I hereby unequivocally and irrevocably agree and undertake to submit Bank Guarantee in prescribed format on or before the closure of admission counselling / before joining the course without fail.

Signature of the Student

Signature of Parent