

RVM INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

Laxmakkapally(V), Mulugu(M), Siddipet(D), Telangana - 502279

List of documents to be submitted for admission into PG courses:

S. No.	Particulars
1	Allotment order from KNRUHS
2	NEET Admit Card
3	NEET Rank Card
4	Original SSC Marks Memo
5	Original Intermediate or 12 Marks Memo
6	Original MBBS Degree Certificate
7	Medical Registration Certificate
8	Compulsory Rotatory Internship Certificate
9	Transfer Certificate
10	Study Certificates from 6 th class to Final MBBS
11	Social Status Certificate (Cast Certificate) Permanent
12	Income Certificate (In case Scholarship Holder)
13	Residence Certificate
14	Service Certificate in case of service candidates
15	Aadhaar Card
16	Bonds as notified in the prospectus
17	Bond RVMIMS

Note: 1. Please Bring Three(3) sets of xerox copies of all certificate
2. Passport Size Photographs of Student 4, Parent 2

Dean
RVMIMS & RC

ANNEXURE - II

(Non-Judicial Stamp paper for Rs. 100/-)

(FOR ALL CANDIDATES)

I, Dr.....selected for Post Graduate Degree/Diploma for the year 2021-22 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.20,00,000/- (Rupees Twenty lakhs only)** and refund the amount received as stipend up to that date to Government.

DATE :

Witness :

Signature of the Candidate

1. Signature :

Name and address in full

Name and address in full

2. Signature :

Name and address in full

2. Signature of parent:

Name and address in full

N.B. : 1. The Bond format shall be typed on the Non Judicial stamped paper.

(NON-JUDICIAL STAMP PAPER OF RS.100/-)

UNDERTAKING IN CASE OF DISCONTINUATION

I, Dr. _____ So/Do _____ with Permanent Medical Council Registration No. _____, Date _____ of AP/TS Medical Council selected for P.G [Degree/Diploma] Course in _____ at RVM Institute of Medical Sciences & Research Centre, Laxmakkapally(V), Mulugu (M), Siddipet(Dist)- 502279 for the year 2020-21 under Management Quota / Govt. Quota, do hereby undertake to complete the said course as per the requirements of the KNR University of Health Sciences, Warangal and also as per the norms of the management of RVM Institute of Medical Sciences & Research Centre, Laxmakkapally (V), Mulugu (M), Siddipet (Dist)- 502279. In the event of my discontinuation the studies in the mid-term for any reason, I undertake to pay to the RVM Institute of Medical Sciences & Research Centre, balance fees for the remaining period.

Further, I also undertake that I will work as Tutor / Junior Resident in my department in RVM Institute of Medical Sciences & Research Centre, Laxmakkapally(V), Mulugu (M), Siddipet(Dist)- 502279. I will attend all the inspections of Medical Council of India, New Delhi & KNR University of Health Sciences, T.S , Warangal to be held in future in in RVM Institute of Medical Sciences & Research Centre, Laxmakkapally(V), Mulugu (M), Siddipet(Dist)- 502279, till the completion of my course.

Signature of the Candidate

Date :

Witnesses:

1. Signature :
Name & Address :
Mobile. No :

2. Signature :
Name & Address :
Mobile. No :

ANNEXURE

(NON-JUDICIAL STAMPED PAPERE FOR RS. 100/-)

FOR NON-SERVICE CANDIDATES

I, Dr. _____ selected for Post Graduate Degree / Diploma Course for the year 2021-22 do hereby undertake to serve the Government of Telangana by working as a Senior Resident for a period of one year after successful completion of the PG Degree / Diploma Course (If required) as per the posting issued by Director of Medical Education, Telangana State. In case I fail to join as Senior Resident or in case of not completing one year of service within a maximum period of 18 months after passing the Post Graduate Degree / Diploma, I undertake to pay a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only) for P.G. Degree Course / and a sum of Rs. 10,00,000/- (Rupees Ten Lakhs only) for Diploma Course to the Government.

Date:

Signature of the Parent / Guardian	Signature of the Candidate
Aadhar No.:	Aadhar No.:
Name:	Name:
Address:	Address:

N.B. 1. The Bond format shall be typed on Rs. 100/- Non-Judicial stamped paper.

UNDERTAKING

I _____, S/o / D/o _____

NEET PG Roll No: _____, NEET All India Rank _____ selected for Post Graduate Degree Course for the year 2021-22 at RVM INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE, Laxmakkapally willing to pay the tuition fee (60% DD and 40% BOND) as per the respective category vide GO.MS.No.20 Health, Medical Family Welfare Dept. dated 14-04-2020, as per the interim orders of the Hon'ble High Court and as per the institute Regulations at the Time of admission.

Date: _____

Signature of the Student

Place: _____

Signature of the Parent