

RVM INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

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

List of Documents required for admission into MBBS course:

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	Transfer Certificate
7	Study Certificates from 6 th class to 12 Standard
8	Social Status Certificate (Cast Certificate) Permanent
9	Income Certificate (In case Scholarship Holder)
10	Residence Certificate
11	Student, Parent Aadhaar Card
12	Bonds as notified in the KNRUHS Prospectus
14	3 sets of xerox copies(Photo Copies) of all certificates

Rs: 100 Bond Paper with Notery

Required Documents for NRI

NRI Passport
NRI Visa
NRI Declaration
NRI Bank Statement (Past 6 Months)
Residence Certificate from Embassy
Local ID Proof NRI

DD in Favor of:-

RVM INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

Payable at :- HYDERABAD

For Fee Details MBBS(UG) Contact: 8008013303

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

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

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2025-26

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 joining the course or after the date of announcement of second phase of admissions. I under take to pay KNR University of Health Sciences, a sum of Rs.20,00,000/- (Rupees Twenty Lakhs only) and I am aware that I will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of Rs. 20,00,000/ (Rupees Twenty lakhs only) towards forfeiture of the bond in accordance to the G.O. Ms.No.125, 126 and 127 HM&FW Dept., Dated: 22.09.2022

Signature of the candidate

I, _____ (Name of the parent), parent of Mr/Ms. _____ (Name of the candidate), do hereby undertake to pay KNR University of Health Sciences, Telangana a sum of Rs 20,00,000.00/- (Rupees Twenty Lakhs only) in case of discontinuation of MBBS Course after joining or after the date of announcement of second phase of admissions by my son/daughter and I am aware that my son/daughter will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of Rs.20,00,000/- (Rupees Twenty lakhs only) towards forfeiture of the bond in accordance to the G.O. Ms.No. 125,126 and 127 HM&FW Dept., Dated: 22.09.2022

Signature of the Parent

Witnesses:

- 1)
- 2)

**PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON- JUDICIAL STAMP
PAPERS OF RS.20/-)**

UNDERTAKING

I,

(Candidate name)

S/o / D/o, bearing UG NEET 2025 Rank

No

and

I,

(Parent name)

F/o, bearing UG NEET 2025 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 2025-26 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

AadharNo.

Address :

Date:

Place:

B.G. No:

Date of Issue:

B.G. Amount: Rs 12,00,000/-

Date of expiry: (One Year-an auto renewal / 4 Years from Date of Issue)

(bank guarantee expiry if in take 1 year choose auto renewal option)

IRREVOCABLE BANK GUARANTEE

We. (Bank Name, Full Address). (Hereinafter referred to as "the Bank") do hereby issue this irrevocable Bank Guarantee at the request, upon application and on behalf of Mr/Miss. STUDENT NAME S/D/O FATHER NAME in favour of RVM INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE, LAXMAKKAPALLY(Vill), MULUGU(Mdl), SIDDIPET(Dist), Telangana 502279 represented by its Principal RVM INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE Laxmakapally (V) Mulugu(M). Siddipet(D), Telangana-502279.

WHEREAS the above named Student got admitted into 1st MBBS Course for the academic year 2025-26 the duration of the remaining 4 years of the course in the Beneficiary Institute and he/she paid the 1st year fee of Rs 12,00,000/- (Rupees Twelve Lakhs only) and is also obligated to pay the fees of Rs. 12,00,000/- every year for the remaining period of course. Second year fee payable on or before (as per College Regulations), Rs. 12,00,000/-

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 the entire course.

Hence in the event of default on the part of the Student payment of fee of Rs. 12,00,000/- per year for 2nd year period i.e. (as per College Regulations), Rs. 12,00,000/- or any part thereof during the balance course period of MBBS, the Bank on behalf of the Student hereby irrevocably, unequivocally and unconditionally agrees and undertakes to pay forthwith the said sum of Rs. 12,00,000/- or part thereof to the Beneficiary without any condition, protest, demur or proof and without reference to any consent of the Student and irrespective of and notwithstanding 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 of invocation for any part amount of the bank guarantee to the bank. The Bank agrees to make the payment of invoked amount to the Beneficiary simultaneously on the Beneficiary submitting the Letter of invocation for any part amount of the Bank Guarantee.

Notwithstanding anything contained herein, the bank further undertakes to pay the full amount of the bank guarantee to the beneficiary without any reference to the due date of the payment of the fee 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 along with submission of the original Bank Guarantee for making the simultaneous Payment of the demanded amount up to the maximum of Rs. 12,00,000/-.

This Bank Guarantee shall remain in force up to (renewal Date) and all claims should be received by the Bank on or before within three months from the said date

The Bank's liabilities under this guarantee is restricted to **Rs, 12,00,000/-** (Rupees Twelve Lakhs only) and the guarantee shall remain in force up to dt. (**renewal Date**) . Unless a claim is made on the Bank within three months from the said date i.e. (**renewal Date**) all the claims rights and interest etc. Whatsoever of the Institute RVM INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE Laxmakkapally (V) Mulugu(M). Siddipet(D), Telangana-502279.under this guarantee shall be lapsed and shall have no right to enforce this guarantee and the Bank shall be relieved and discharged from all liabilities there from.

Notwithstanding anything contained Herein:

- A. Our Liability under this Bank Guarantee shall not exceed Rs. 12,00,000/- (Rupees Twelve Lakhs only)
- B. This Guarantee shall be valid up to **renewal Date** (Expiry Date).
- 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 **renewal Date**.
- D. At the end of claim period that is on or after (30.06.2026-1 year (or) 30.06.2029-4 years) all your rights under this guarantee shall stand extinguished and we shall be discharged from all our liabilities under this guarantee irrespective of receipt of original Bank Guarantee duly discharged by bank.
- E. Dated. B.G issue date for (**BANK NAME**). For (**BANK NAME**).

**** This Bank Guarantee shall be effective only when the BG message is transmitted by the issuing Bank through SFMS to Bank Branch (bank of Beneficiary) and written confirmation to that effect is issued by the bank of Beneficiary.**

Account Name:- RVM INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE
ACCOUNT NUMBER: 1181256005671
BANK & BRANCH:- CANARA BANK, MCB SOMAJIGUDA
BRANCH IFSC:- CNRB0004928 BANK
MAIL ID:- cb4928@canarabank.com

Manager (Credit)
(**BANK NAME**) (Stamp & Signature)

Chief Manager
(**BANK NAME**) (Stamp & Signature)

Date:

For Confirmation of the Guarantee Please Contact At the Following Address:
E-Confirmation Cell

Bank Name	
Bank Full Address	
Bank Mail ID	
Bank Contact Number	1.
B.G SPECIFIC CONTACT PERSON NUMBER	2.
BANK IFSC CODE	