

## **RVM INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE**

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

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

<b>S. No.</b>	<b>Particulars</b>
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 <sup>th</sup> 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

For Fee Details **MD/MS (PG)** Contact: 8008013303

**DD In favor of: (for new Students)**

**“RVM INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE” (OR)  
“RVMIMS & RC”**

Payable @ Hyderabad.

## **ANNEXURE - II**

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

**(FOR ALL CANDIDATES)**

I, Dr.....selected for Post Graduate Degree/Diploma for the year 2025-26 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.

**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.**

## UNDERTAKING

I, .....  
(Candidate name) S/o / D/o... , bearing PG  
NEET 2025 Rank No ..... and I, .....  
(Parent name )F/o ..... , bearing PG  
NEET 2025 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 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**  
AadharNo.

**Signature of the Candidate**

Address :

Date:

Place:

### **ANNEXURE- III A**

#### **SELF DECLARATION BY INSERVICE CANDIDATES**

I, Dr. \_\_\_\_\_ Son/Daughter of \_\_\_\_\_  
is in service and working as \_\_\_\_\_ under the administrative  
control of \_\_\_\_\_ have put up the following service  
as on 30-06-2025.

- 1) Tribal Service - Years :                Months                Days
- 2) Rural Service - Years :                Months                Days
3. Other Service -Years:                Months                Days

I do hereby declare that I do not have any Post Graduate Degree or  
Diploma / I have a Post graduate Degree/Diploma in ...(Specify the subject). I  
satisfy the definition of "In service candidate" as per G.O. Ms. No.155, HM&FW  
(C1) Dept., Govt. of Telangana, Dated: 18-11-2021.

My Date of Birth is \_\_\_\_\_ and I am having the requisite period of 5  
years leftover service after completion of the course to serve the Government. If  
this declaration is found to be incorrect and false I am liable for action for  
submitting false declaration in addition to cancellation of admission into the  
Post Graduate course. I certify that the above information is true and correct.

**Date:**

**Signature of the candidate**

**Name (in capitals):**

**Mobile Number:**

**Address:**

### ANNEXURE - III B

#### SERVICE CERTIFICATE TO BE CONSIDERED FOR P.G. MEDICAL/DENTAL SELECTION AS PER GOVERNMENT ORDERS

#### SERVICE ELIGIBILITY CERTIFICATE

This is to certify that Dr. \_\_\_\_\_ Son/Daughter of \_\_\_\_\_  
\_\_\_\_\_ is in service and working  
as \_\_\_\_\_ under the administrative  
control of \_\_\_\_\_. He/She is already  
having \_\_\_\_\_

P.G. Diploma (Specify the specialty-If no information write Nil). He/She is eligible  
under Service Quota for selection into any PG Degree / Diploma /MDS (Strike off the  
one not applicable) admission into P.G. Medical/Dental Courses for the year 2025-26  
as per orders of Govt. of T.S. vide **G.O.M.s.No.155 HM&FW (C1) Dept., Govt. of  
Telangana, Dated: 18-11-2021.** His / Her date of birth is \_\_\_\_\_ and  
he / she is having the requisite minimum 5 years of left over period of service after  
completion of the course.

#### SERVICE AS ON 30-06-2025.

Type of service	Place of Service	Service		Total Period of Service
		From:	To:	
1) Tribal Service:		DD/MM/YY	DD/MM/YY	
2) Rural Service:		DD/MM/YY	DD/MM/YY	
3) Other Service:		DD/MM/YY	DD/MM/YY	

(SEAL)

Date:

Signature of HOD

**PROFORMA OF AGREEMENT BOND FOR NON SERVICE CANDIDATES ADMITTED  
TO PG MEDICAL COURSES 2025-2026**

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 Telangana 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:18-11-2021 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



(NON-JUDICAL 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 2025-26  
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 and also I will work as Senior Resident for 1 year in RVM Institute of  
Medical Sciences & Research Centre, Laxmakkapally(V), Mulugu (M), Siddipet(Dist)-  
502279. I will attend all the inspections of National Medical Commission, New Delhi  
& KNR University of Health Sciences, T.S , Warangal to be held in future 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 :

**B.G. No:**

**Date of Issue:**

**B.G. Amount:** Rs \*\*\*/-

**Date of expiry:** (2 Years from Date of Issue)

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

WHEREAS the above named Student got admitted into 1st Year PG Course (**dept.**) for the academic year 2025-26. The duration of the Course is 3 years and the Student will be studying the course in the Beneficiary Institute. He/she has paid the 1st year fee of **Rs \*\*\*/-** (Rupees **\*\*\*\*** only) and is also obligated to pay the fees of **Rs. \*\*\*/-** every year for the remaining period of course. Second year fee payable on or before (**as per College Regulations**), is **Rs. \*\*\*/-**

WHEREAS as per the conditions for admission, the Student is required to furnish an irrevocable Bank Guarantee to the Beneficiary Institution from any Nationalized Bank to protect the interest of the Beneficiary Institution 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 In payment of fee of **Rs. \*\*\*/-** per year for 2nd year period i.e. (**as per College Regulations**), **Rs. \*\*\*/-** or any part thereof during the balance course period of PG Course, the Bank on behalf of the Student hereby irrevocably, unequivocally and unconditionally agrees and undertakes to pay forthwith the said sum of **Rs. \*\*\*/-** 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 Institution upon the Beneficiary invoking this Bank Guarantee with the Letter of invocation for full/ any part amount of the bank guarantee to the bank. The Bank agrees to make the payment of invoked amount to the Beneficiary Institution simultaneously on the Beneficiary Institution submitting the Letter of invocation for full/ any part amount of the Bank Guarantee.

Notwithstanding 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 fee structure as mentioned in the bank 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 Institution and shall not in any way be affected by any dispute or difference between the Beneficiary Institution and the Student of whatsoever nature.

Finally, the Bank confirms that a mere letter from the Beneficiary Institution 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. \*\*\*/-**.

This Bank Guarantee shall remain in force up to TWO YEARS and all claims should be received by the Bank on or before the expiry date of THE BG.

The Bank's liabilities under this guarantee is restricted to Rs, \*\*\*/- (Rupees \*\*\* only) and the guarantee shall remain in force upto dt. (TWO YEARS PERIOD). Unless a claim is made on the Bank from the said date i.e. (TWO YEARS PERIOD) 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. \*\*\*/- (Rupees \*\*\* only)
- B. This Guarantee shall be valid up to the (Expiry Date OF BG)
- 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 the Date of Expiry Date OF BG
- D. At the end of the claim period from the date of BG expiry date (2 years from date of issue) 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	