

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:

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

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 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/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.

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 30-06-2023.

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 2023-24
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 30-06-2023.

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 2022-2023**

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 2023-24
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 :

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

UNDERTAKING

I _____, S/o / D/o _____

NEET PG Roll No: _____, NEET All India Rank
_____ selected for Post Graduate Degree Course for the year
2023-24 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

B.G. No:

Date of Issue:

B.G. Amount: Rs /-

Date of expiry: (Only for One Year 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 NAMES/D/OFATHER 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 1" PG Course for the academic year 2022-23 the duration of the remaining 3 years of the course in the Beneficiary Institute and he/she paid the 1" year fee of **Rs /- (Rupeesonly)** 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), **Rs. /-**

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. /-** per year for 2nd year period i.e. (**as per College Regulations**), **Rs. /-** or any part there of during the balance course period of PG, 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 not withstanding 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.

Not with standing 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 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. /-**.

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

The Bank's liabilities under this guarantee is restricted to Rs, /-(Rupees 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./- (Rupees 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 (30.06.2024-1 year (or) 30.06.2025-2 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 ,FULL ADDRESS& DETAILS Contact Number, Email Address