

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 on
13	Anti Ragging Bonds on
14	3 sets of xerox copies(Photo Copies) of all certificates

Rs: 100 Bond Paper with Notery

Rs: 20 Bond Paper with Notery

Kindly change the academic year as 2022-23 in all proforma's given

RVM GROUP OF INSTITUTIONS

Bank Account Details for all Medical (UG & PG) Students

RVM INSTITUTE OF MEDICAL SCIENCES & RESEARCH CENTRE

Bank Details for Medical College (UG & PG) Tuition Fee

Via UPI/NEFT/RTGS

Bank A/c Name : RVM Institute Of Medical Sciences and Research Centre
Bank A/c No : 1181256005671
IFSC Code : CNRB0004928
Bank & Branch : Canara Bank, MCB Somajiguda Branch

For Hostel Fee via UPI/NEFT/RTGS

Bank A/c Name : RVM CHARITABLE TRUST CENTRAL KITCHEN
A/C No : 120000043698
IFSC Code : CNRB0004171
Bank & Branch : Canara Bank, Shamirpet Branch

DD In favor of:

“RVM INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE” (OR)
“RVMIMS & RC”
Payable @ Hyderabad.

RVM SCHOOL & COLLEGE OF NURSING

Bank Account Details for all Nursing College Students:

Tuition Fee Via UPI/NEFT/RTGS

Bank A/c Name : PRINCIPAL RVM COLLEGE OF NURSING
Bank A/c No : 120000088994
IFSC Code : CNRB0004171
Bank & Branch : Canara Bank, Shamirpet Branch

Bank Account Details for all Nursing School Students:

For Tuition Fee Via UPI/NEFT/RTGS

Bank A/c Name : PRINCIPAL RVM SCHOOL OF NURSING
Bank A/c No : 120000087703
IFSC Code : CNRB0004171
Bank & Branch : Canara Bank, Shamirpet Branch

RVM PARA MEDICAL COLLEGE

Bank Account Details for all PARAMEDICAL College Students:

For Tuition Fee Via UPI/NEFT/RTGS

Bank A/c Name : RVM PARA MEDICAL COLLEGE
Bank A/c No : 120000104512
IFSC Code : CNRB0004171
Bank & Branch : Canara Bank, Shamirpet Branch

Kindly share the acknowledgement or payment receipt on accounts email: accounts@rvmims.org

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON- JUDICIAL STAMP PAPERS OF RS. 100/-)

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2022-23

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 requirements of KNR University of Health Sciences, Telangana, Warangal. In the event of my discontinuing the studies after joining the course after the date for free exit, I undertake to pay KNR University of Health Sciences, Telangan, Warangal a sum of Rs. 20,00,000.00/- (Rupees Twenty Lakh only).

Signature of the candidate

I, _____(Name of the parent), parent of Mr/Ms. _____(Name of the candidate), do here by undertake to pay KNR University of Health Sciences, a sum of Rs. 20,00,000.00/- (Rupees Twenty Lakh only). In case of discontinuation of MBBS/BDS Course after joining after joining after the date for free exit by my son/daughter.

Signature of the Parent

Witnesses:

1) :

2)

NOTARY

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON- JUDICIAL
STAMP PAPERS OF RS.100/-)

UNDERTAKING

I,
(Candidate name)
S/o / D/o....., bearing UG NEET 2021 Rank
No

and

I,
(Parent name)
F/o , bearing UG NEET 2021 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 2021-22 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:



**KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES,
TELANGANA:: WARANGAL**

MBBS/BDS ADMISSIONS 2020-21 UNDER MANAGEMENT QUOTA

DECLARATION BY CANDIDATE / PARENT ON NON-JUDICIAL STAMP PAPER FOR Rs.10/-

I, Mr/Ms. _____ S/o:D/o:

_____ selected for MBBS/BDS Course for the year 2020-21 under Management Quota declare that I am not admitted in any other Medical College in the country as on today. I am not a part of any seat blocking procedure. I will not discontinue the course without valid seat allotment at a later date in other college. In case of any discrepancy I am liable for legal action by KNR University of Health Sciences and Government and cancellation of seat.

Signature of the Candidate

I, Mr/Mrs. _____ parent of
Mr/Ms. _____ selected for MBBS/BDS Course for the year 2020-21 under Management Quota declare that my son/daughter is not admitted in any other Medical College in the country as on today. My son/daughter is not a part of any seat blocking procedure. Candidate will not discontinue the course without valid seat allotment at a later date in other college. In case of any discrepancy we are liable for legal action by KNR University of Health Sciences and Government and cancellation of seat.

Date:

Signature of Parent

Rs: 20 Bond Paper**ANNEXURE I, Part I****UNDERTAKING BY THE CANDIDATE/STUDENT**

1. I, _____
S/o. D/o. of Mr./Mrs./Ms. _____,
have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.
2. I have received a copy of the NMC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
3. I hereby undertake that-
 - I will not indulge in any behavior or act that may come under the definition of ragging,
 - I will not participate in or abet or propagate ragging in any form,
 - I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ year

Signature

Address: _____

Name:

(1) Witness:

(2) Witness:

ANNEXURE I, Part II

UNDERTAKING BY PARENT/GUARDIAN

1. I, _____
F/o. M/o. G/o _____,
have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the NMC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/ daughter/ ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the NMC Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ Year

Signature

Address: _____

Name:

(1) Witness:

(2) Witness:

BANK GUARANTEE FORMAT FOR B CATEGORY

B.G. No:

Date of Issue:

B.G. Amount: Rs 11, 55,000/-

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 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 MBBS Course for the academic year 2021-22 the duration of the remaining 4 years of the course in the Beneficiary Institute and he/she paid the 1st year fee of Rs 11,55,000/- (Rupees Eleven Lakhs Fifty Five Thousand only) and is also obligated to pay the fees of Rs. 11,55,000/- every year for the remaining period of course. Second year fee payable on or before (as per College Regulations), Rs. 11,55,000/-

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. 11,55,000/- per year for 2nd year period i.e. (as per College Regulations), Rs. 11,55,000/- or any part there of 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. 11,55,000/- 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.

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. 11,55,000/-.

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, 11,55,000/- (Rupees Eleven Lakhs Fifty Five Thousand 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. 11,55,000/- (Rupees Eleven Lakhs Fifty Five Thousand 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 14.06.2023 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 Dated 15th day of March 2022 for (BANK NAME) . For (BANK NAME) .

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