List of Documents to be Submitted Along with Admission Application form – 2026-27

1.	Xerox Copy of SVSMC - Tuition Fee Receipt	YES / NO
2.	Print out of the filled in Online Application form duly uploaded to https://tspgmed.tsche.in	YES / NO
3.	NEET Hall Ticket – PG 2026	YES / NO
4.	NEET PG 2026 – Score Card	YES / NO
5.	KNRUHS Allotment Order	YES / NO
6.	Study (Bonafide) Certificate 6th Class to Intermediate / 10+2 & MBBS	YES / NO
7.	Transfer Certificate of MBBS / PG Diploma	YES / NO
8.	Original SSC / 10th Class Marks Memo – Long Memo	YES / NO
9.	Original Intermediate Marks Memo – Long Memo	YES / NO
10.	Original MBBS Degree Certificate	YES / NO
11.	Original Mark Memos - I MBBS to Final MBBS. / PG Diploma & Transcript - Total Nos. ( )	YES / NO
12.	Original Migration Certificate, if studied other than KNRUHS	YES / NO
13.	Original Internship Completion Certificate completed on or before 30.09.2026	YES / NO
14.	Original Medical PG Diploma Certificate, if applicable	YES / NO
15.	Original latest validated TG Medical Council Registration Certificate [MBBS / PG Diploma] [Mandatory]	YES / NO
16.	Original latest validated Medical Council Registration Certificate [MBBS / PG Diploma] (if other state)	YES / NO
17.	Latest Caste Certificate issued in 2026 (As shown in Annexure-I of KNRUHS Prospectus 2026-27)	YES / NO
18.	In case of Service candidate – Self-Declaration by in-service candidates as in Annexure-III A of KNRUHS Prospectus 2026-27	YES / NO
19.	In case of Service candidate – Latest Service Eligibility Certificate as in Annexure-III B of KNRUHS Prospectus 2026-27	YES / NO
20.	***BONDS:*** 1. Certificate Genuineness Bond: Notarized Affidavit on Rs. 100 /- Non-Judicial Stamp paper by the Parent and candidate stating that all the certificates submitted now are genuine. 2. KNRUHS - Discontinuation Bond: Notarized Bond on Rs.100/- Non-Judicial Stamp Paper for a sum of Rs.50,00,000/- for Course Discontinuance. 3. SVSMC - Discontinuation Bond: Notarized Bond on Rs.100/- Non-Judicial Stamped Paper to pay prescribed tuition fee to the SVS Medical College, Mahabubnagar in case of opting for discontinuance of the course after lapse of free exit of KNRUHS counseling option and or after joining the course in the college. 4. KNRUHS ANTI-DRUG UNDERTAKING - BOND: Proforma for Anti-Drug Undertaking / Declaration in the form of Affidavit duly filled on a Rs.100/- non-judicial stamp paper with Notarized with signature of both the candidate & Parent 5. Seat Not Blocking Bond: Notarized Declaration Bond duly Notarized for Seat Not Blocking [for CQ, MQ1 & MQ2 candidates only] 6. SR Ship Bond: Notarized Bond on Rs.100/- Non-Judicial Stamp Paper for Non-Service Candidates for Compulsory 1-year SR Ship – if CQ category under T.S. Govt. or if MQ category under SVSMC 7. Tuition Fee Bond: Notarized Bond on Rs.100/- Non-Judicial Stamp Paper as per Allotment under Clinical / Para-Clinical / Pre-Clinical respectively	YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO
21.	Only For NRI (MQ2) Candidates: (1) NRI Sponsorship Certificate (DECLARATION FORM as in KNRUHS MQ PROSPECTUS 2026) (2) NRI Status Certificate of the financial supporter issued by Embassy of respective country under their seal affixed. (3) Copy of NRI Bank Account pass book of the Financial Supporter. (4) Copy of valid Passport of NRI Financial Supporter. (5) Copy of valid VISA of NRI Financial Supporter.	YES / NO
22.	Aadhar Xerox copy of the candidate	YES / NO
23.	PAN Xerox copy of the candidate	YES / NO
24.	2 sets of self-attested xerox copies with full signature of all the above certificates & documents	YES / NO
25.	Passport size photos (15 Nos.) [Please write name & MD/MS Specialty on the back side]	YES / NO

GENUINENESS BOND

(TO BE SUBMITTED BY ALL CQ & MQ CANDIDATES)

UNDERTAKING-CUM-AFFIDAVIT

(To be executed on Non-Judicial Stamp Paper of ₹100/- and duly Notarized)

We, Mr./Ms. _____, S/o / D/o _____, bearing PG NEET-2026 Hall Ticket No. _____ and Rank No. _____ (hereinafter referred to as the "Candidate");

And

Mr./Mrs. _____, Father / Mother / Guardian of the above-named Candidate (hereinafter referred to as the "Parent/Guardian");

do hereby solemnly affirm, declare and undertake as follows:

1. That the Candidate has been allotted a seat in the Postgraduate MD/MS Medical Course in _____ Specialty at SVS Medical College, Mahabubnagar, affiliated to Kaloji Narayana Rao University of Health Sciences (KNRUHS), Telangana, for the Academic Year 2026–2027, vide KNRUHS allotment order dated ____ / ____ / 2026.
2. That we hereby jointly declare and affirm that all the certificates, documents, testimonials, particulars and information furnished/submitted by the Candidate in connection with the application, counselling, seat allotment and admission into the above-mentioned PG MD/MS Medical Course are true, correct, valid and genuine to the best of our knowledge and belief.
3. That we undertake that all original certificates and supporting documents submitted by the Candidate are authentic and have not been tampered with, fabricated, altered or obtained through any fraudulent means.
4. That we are fully aware that, if any certificate, document, information or declaration submitted by the Candidate is subsequently found to be false, forged, fabricated, tampered with or otherwise not genuine, the admission granted to the Candidate shall be liable for cancellation in accordance with the applicable rules and regulations of KNRUHS and other competent authorities. We further understand that the Candidate and/or the persons responsible shall be liable for appropriate legal and criminal proceedings, as applicable under law.
5. That the Candidate hereby undertakes to abide by all the rules, regulations, guidelines, instructions and directions issued by KNRUHS, the National Medical Commission (NMC), SVS Medical College and other competent statutory authorities from time to time.
6. That we jointly undertake that, in the event of cancellation of the Candidate's admission on account of submission of any false, forged, fabricated or non-genuine certificate/document or furnishing of incorrect information, we shall not raise any claim or objection against the College or University on that ground, subject to applicable law.
7. That the statements made herein are true and correct, and we execute this Undertaking-cum-Affidavit voluntarily, without any coercion, undue influence or misrepresentation.

DEPONENTS –

Signature of the Candidate	**Signature of the Parent/Guardian**
Name: _____	Name: _____
Aadhaar No.: _____	Aadhaar No.: _____
Mobile No.: _____	Mobile No.: _____

VERIFICATION

We, the above-named Candidate and Parent/Guardian, do hereby verify that the contents of paragraphs 1 to 7 of this Undertaking-cum-Affidavit are true and correct to the best of our knowledge and belief, that nothing material has been concealed therein and that no part of it is false.

Verified at _____ on this ____ day of _____, 2026.

Signature of the Candidate **Signature of the Parent / Guardian**

(SOLEMNLY AFFIRMED AND SIGNED BEFORE ME NOTARY PUBLIC)

Signature & Seal of the Notary

Date: _____

Place: _____

KNRUHS DISCONTINUATION BOND

(TO BE SUBMITTED BY ALL CO & MO CANDIDATES)

UNDERTAKING-CUM-AFFIDAVIT

(To be executed on Non-Judicial Stamp Paper of ₹100/- and duly Notarized)

I, Dr ……..……. S/o, D/o ……

Selected for Post Graduate MD/MS Degree Course for the academic year 2026-27 do hereby undertake to complete the said course as per the regulations of the University and Government Rules for Admissions. 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 of Telangana / SVS Medical College.

DATE:

Signature of the Candidate

Witness

1. Signature:
   Name & address in full

2. Signature:
   Name & address in full

1. Signature
   Name & address in full

2. Signature of Parent
   Name & address in full

SVSMC – DISCONTINUATION BOND

(PAYMENT OF ENTIRE DURATION OF TUITION FEE)

(TO BE SUBMITTED BY ALL CQ & MQ CANDIDATES)

(To be executed on Non-Judicial Stamp Paper of ₹100/- and duly Notarized)

I, Dr. _____, S/o / D/o _____, bearing PG NEET-2026 Hall Ticket No. _____ and AIQ Rank No. _____, having been selected and allotted a seat in the MD/MS Postgraduate Degree Course in _____Specialty, under the CQ / MQ1 / MQ2 / MQ3 Admission Quota, for the Academic Year 2026–2027 at SVS Medical College, Mahabubnagar, hereby solemnly affirm and undertake as follows:

1. That I shall pursue and complete the allotted MD/MS Postgraduate Degree Course in accordance with the prescribed curriculum, academic regulations and rules and regulations of Kaloji Narayana Rao University of Health Sciences (KNRUHS), the National Medical Commission (NMC) and the Government of Telangana, as applicable.
2. That I shall abide by the admission conditions, fee structure and other rules and regulations applicable to the category/quota under which I have been admitted to the course.
3. That in the event of my discontinuing, abandoning or leaving the course after joining, for any reason whatsoever, I hereby undertake and agree to pay the tuition fee for the entire prescribed duration of the MD/MS Postgraduate Degree Course, as applicable to the category/quota under which I was admitted at SVS Medical College, Mahabubnagar, in accordance with the applicable Government Orders, fee notifications and directions of the competent authorities.
4. I further undertake that the above financial obligation shall be binding upon me, and I shall discharge the same in accordance with the applicable rules and conditions governing admission to the course.
5. I have read and understood the conditions of this Bond and execute the same voluntarily, with full knowledge of the financial obligations arising in the event of discontinuation of the course.

IN WITNESS WHEREOF, I have signed this Bond on this ____ day of _____ 2026 at_____.

SIGNATURE OF THE CANDIDATE
Name: Dr. _____
Mobile No.: _____
Date: ____ / ____ / 2026

SURETIES

We, the undersigned sureties, hereby declare that we are aware of the terms and conditions of this Discontinuation Bond and stand as sureties for the Candidate in respect of the obligations undertaken herein, subject to the terms of this Bond and applicable law.

SURETY NO. 1
Signature: _____
Name: _____
Full Address: _____

Mobile No.: _____

SURETY NO. 2
Signature: _____
Name: _____
Full Address: _____

Mobile No.: _____

PARENT / GUARDIAN ACKNOWLEDGEMENT

I, Mr./Mrs. _____, Father / Mother / Guardian of the above-named Candidate, hereby acknowledge that I have read and understood the terms and conditions of this Discontinuation Bond, including the obligation to pay the tuition fee for the entire prescribed duration of the course in the event of discontinuation, as applicable under the relevant rules and regulations.

Signature of Parent / Guardian: _____
Name: _____
Mobile No.: _____
Full Address: _____

SOLEMNLY AFFIRMED AND SIGNED BEFORE ME NOTARY PUBLIC

Signature & Official Seal of Notary
Date: _____
Place: _____

KNRUHS ANTI-DRUG UNDERTAKING
(TO BE SUBMITTED BY ALL CQ & MQ CANDIDATES)

ANNEXURE - IV
PROFORMA FOR ANTI-DRUG UNDERTAIKING / DECLARATION IN THE FORM OF AFFIDAVIT
(ON Rs.100 NON – JUDICAL STAMP PAPERS WITH NOTARY)

We, the undersigned, hereby solemnly affirm and undertake the following:

1. The student shall not consume, possess, procure, manufacture, transport, distribute, sell, purchase, promote or engage in any activity relating to narcotic drugs, psychotropic substances or any other prohibited intoxicating substances during the period of study in the College/University.
2. The student shall abide by the provisions of the Narcotic Drugs and Psychotropic Substances Act, 1985, the Rules made thereunder, the Regulations of Kaloji Narayana Rao University of Health Sciences, Government Orders, and all instructions issued by the University/College from time to time.
3. The parent/guardian undertakes to monitor the conduct and activities of the student and extend full cooperation to the College and the University in maintaining a drug-free campus and preventing drug-related activities.
4. We understand that any involvement of the student in drug-related activities shall be treated as a serious act of misconduct and may result in disciplinary action, including suspension, cancellation of admission, expulsion from the institution, withholding of certificates, and/or initiation of legal proceedings under the applicable laws, without prejudice to any other action that may be taken by the competent authorities.
5. We further declare that the information furnished herein is true and correct to the best of our knowledge and belief, and we agree to abide by this undertaking throughout the period of study.

Name of the Student:
NEET Roll No:
Course: MD / MS (_____)
College: SVS Medical College
Academic Year: 2026-27

Name of Parent / Guardian:
Relationship with Student:
Address:
Mobile No.:

Signature of the Student

Signature of the Parent / Guardian

Place:
Date:

SEAT NOT BLOCKING DECLARATION -CUM-BOND

(FOR CANDIDATES ADMITTED UNDER CQ, MQ-1 & MQ-2 CATEGORIES)

UNDERTAKING-CUM-AFFIDAVIT

(To be executed on Non-Judicial Stamp Paper of ₹100/- and duly Notarised)

I, Dr. _____, S/o / D/o _____, bearing PG NEET-2026 Hall Ticket No. _____ and AIQ Rank No. _____, having been selected and allotted a seat in the MD/MS Postgraduate Degree Course in _____ Specialty, under the CQ / MQ-1 / MQ-2 Category, at SVS Medical College, Mahabubnagar, for the Academic Year 2026–2027, do hereby solemnly declare and undertake as follows:

1. That, as on the date of execution of this declaration, I have not taken admission to any other Medical College or Postgraduate MD/MS Degree Course in India.
2. That I have not blocked, retained or occupied any other Postgraduate Medical seat in any Medical College in India, and I am not involved in any process or arrangement amounting to seat blocking.
3. That I have submitted this declaration voluntarily and have furnished true and correct information regarding my admission status.
4. That I shall not discontinue or relinquish the seat allotted to me at SVS Medical College, Mahabubnagar, merely on the basis of a tentative possibility or expectation of obtaining admission elsewhere. Any subsequent discontinuation shall be undertaken only in accordance with the applicable counselling schedule, valid allotment and admission rules prescribed by KNRUHS and other competent authorities.
5. That if any declaration or information furnished by me is subsequently found to be false, incorrect or misleading, I shall be liable for appropriate action, including cancellation of my admission and such other legal or regulatory proceedings as may be initiated by KNRUHS, the Government of Telangana or other competent authorities, in accordance with the applicable rules and regulations.

I hereby affirm that the above statements are true and correct to the best of my knowledge and belief.

Date: ____ / ____ / 2026 Signature of the Candidate

Place: _____ Name in Block Letters: Dr.

Mobile No.:

DECLARATION BY THE PARENT / GUARDIAN

I, Mr./Mrs. _____, Father / Mother / Guardian of Dr. _____, who has been selected and allotted a seat in the MD/MS Postgraduate Degree Course in _____ Specialty, under the CQ / MQ-1 / MQ-2 Category, at SVS Medical College, Mahabubnagar, for the Academic Year 2026–2027, do hereby solemnly declare and undertake as follows:

1. That, to the best of my knowledge and belief, my son/daughter has not taken admission to any other Medical College or Postgraduate MD/MS Degree Course in India as on the date of execution of this declaration.
2. That my son/daughter has not blocked, retained or occupied any other Postgraduate Medical seat in any Medical College in India, nor is involved in any process or arrangement amounting to seat blocking.
3. That I am fully aware of the declaration and undertaking furnished by my son/daughter and shall advise and ensure that the candidate complies with the applicable admission and counselling rules.
4. That if any information or declaration furnished in this regard is found to be false or misleading, I understand that the candidate's admission shall be liable for appropriate action, including cancellation, and other legal or regulatory proceedings may be initiated by KNRUHS, the Government of Telangana or other competent authorities, as per applicable rules.

I hereby affirm that the above declaration is true and correct to the best of my knowledge and belief.

Date: __ / __ / 2026 Signature of the Parent / Guardian
Place: _____ Name in Block Letters:
Relationship with Candidate:
Mobile No.:
Full Address:

SOLEMNLY AFFIRMED AND SIGNED BEFORE ME NOTARY PUBLIC

Signature & Official Seal of Notary
Date: _____
Place: _____

GOVERNMENT OF TELANGANA

SR SHIP SERVICE BOND FOR CQ NON-SERVICE CANDIDATES
ADMITTED TO PG MEDICAL COURSES DURING THE ACADEMIC YEAR 2026–2027

(To be executed on Non-Judicial Stamp Paper of ₹100/- and duly Notarized, subject to applicable stamp duty requirements)

THIS DEED OF AGREEMENT-CUM-SERVICE BOND is executed at _____ on this _____ day of _____ 2026 by, Dr. _____, S/o / D/o / W/o _____, residing at (Permanent Address): _____, Mobile No.:_____, E-mail: _____, Aadhaar No.: _____, PAN No.: _____, Hereinafter referred to as the PARTY OF THE FIRST PART (CANDIDATE).

IN FAVOUR OF

The Principal, SVS Medical College, Mahabubnagar, Telangana State, representing the Government of Telangana, hereinafter referred to as the PARTY OF THE SECOND PART.

WHEREAS:

1. The Candidate has been selected and admitted to the Postgraduate Medical Course (MD/MS _____ Degree) under the Competent Quota (CQ) at SVS Medical College for the Academic Year 2026–2027.
2. As per G.O.Ms.No.155, HM&FW (C1) Department, dated 18-11-2021, and the applicable KNRUHS admission regulations, the Candidate, being a Non-Service Candidate, is required to serve the Government of Telangana for a period of one (1) year after successful completion of the Postgraduate Course, at any Government Medical Institution as directed by the competent authority.
3. The Candidate agrees to fulfil the above service obligation and, in case of failure, undertakes to pay the Rs. 20,00,000/- (Rupees Twenty Lakhs only), as applicable:
4. The Candidate has agreed to execute this Bond along with two sureties, who shall be Government Gazetted Officers / Income Tax Assessees, as prescribed under the applicable rules.

NOW THIS DEED WITNESSETH AS FOLLOWS:

1. Compulsory Government Service: The Candidate hereby undertakes to serve the Government of Telangana for a period of one (1) year after successful completion of the Postgraduate Course, at any Government Medical College / Government Hospital or other Government Health Institution as directed by the Government of Telangana / Director of Medical Education.

2. Liability on Default: In the event of failure or refusal to fulfil the prescribed one-year service obligation, the Candidate shall pay to the Government of Telangana, through the Director of Medical Education, the applicable bond amount of ₹20,00,000/- for MD/MS Degree or ₹10,00,000/- for PG Diploma, as the case may be.

3. Interest: In case of failure to pay the bond amount within the stipulated period after demand, the Candidate shall also be liable to pay interest at the applicable Government rates, as prescribed by the competent authority.

4. Liability of Sureties: The two sureties hereby jointly and severally guarantee the due fulfilment of the obligations under this Bond. In the event of default by the Candidate, the Government shall be entitled to recover the amount due from the Candidate and/or the sureties in accordance with applicable law.

5. Continuing Liability: The liability of the sureties shall not be discharged merely by any reasonable extension of time or concession granted to the Candidate by the Government. It shall not be necessary for the Government to first initiate recovery proceedings against the Candidate before proceeding against the sureties.

6. Discharge of Bond: This Bond shall stand discharged upon successful completion of the prescribed one-year Government service or payment of the applicable bond amount together with interest, if any, in the event of default, subject to confirmation by the competent authority.

7. Governing Law: This Bond shall be governed by the laws of India and applicable Government Orders and regulations of the Government of Telangana. Disputes shall be subject to the jurisdiction of competent courts in Telangana State.

SIGNATURES AND EXECUTION
PARTY OF THE FIRST PART – CANDIDATE
Signature: _____
Name: Dr. _____
Date: / /2026, Place: Mahabubnagar

SURETY NO. 1
Signature:
Name:
Designation / Occupation:
PAN No.: , Aadhaar No.:
Mobile No.:
Full Address:

SURETY NO. 2
Signature:
Name:
Designation / Occupation:
PAN No.: , Aadhaar No.:
Mobile No.:
Full Address:

WITNESSES

Witness No. 1
Signature: _____
Name: _____
Address: _____

Witness No. 2
Signature: _____
Name: _____
Address: _____

NOTARISATION - SOLEMNLY AFFIRMED AND SIGNED BEFORE ME

Signature & Seal of Notary Public
Date: / / 2026, Place: _____

ACCEPTANCE ON BEHALF OF THE GOVERNMENT OF TELANGANA

Accepted for and on behalf of the Government of Telangana in accordance with the applicable Government Orders and instructions of the competent authority.
Date: / / 2026, Place: Mahabubnagar

SIGNATURE OF THE PRINCIPAL
Name: Dr. K. P. Joshi
Principal, SVS Medical College
OFFICIAL SEAL

ANNEXURE-III

(Non-Judicial Stamped paper for Rs. 100 / - duly Notarized)

(FOR MQ1, MQ2 & MQ3 CANDIDATES)

[SR-SHIP BOND]

I, Dr. ……..……..…… S/o / D/o Sri. ……. selected for PG MD / MS (……) Degree Course for the year 2026-27, do hereby undertake to serve the SVS Medical College, Mahabubnagar as a Senior Resident for a period of one year after successful completion of the PG Degree Course.

DATE: / / . **Signature of the Candidate**

[Name :]

Witness: Mobile No.:

1. Signature :

   Name :
   Address in full

   Mobile No.:

2. Signature :

   Name :
   Address in full

   Mobile No.:

Signature of parent :
[Name :]
Address in full

Mobile No.

CQ – CLINICAL – PG (MD/MS) COURSES – 2026–27

BOND / UNDERTAKING-CUM-AFFIDAVIT
(UNDERTAKING TO PAY THE REMAINING 40% OF THE ANNUAL TUITION FEE)
To be executed on ₹100/- Non-Judicial Stamp Paper and duly notarised

(In compliance with the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in W.P. No. 13895 of 2026, in the matter relating to G.O.Ms. No. 163, Health, Medical & Family Welfare (C) Department, Government of Telangana, dated 06.11.2026.)

I, Dr. _____, S/o / D/o _____, aged about _____ years, residing at _____, having been selected for admission to the Postgraduate Medical Degree Course, MD/MS in _____ (Speciality), under the Competent Authority Quota (CQ) for the academic year 2026–27, through the common counselling conducted by the Kaloji Narayana Rao University of Health Sciences (KNRUHS), Warangal, and having been allotted a seat at SVS Medical College, Mahabubnagar, Telangana, do hereby solemnly affirm and undertake as follows:

1. That I have been informed and made aware of the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in Writ Petition No. 13895 of 2026, concerning the tuition fee payable by students admitted to Postgraduate Medical Courses pursuant to G.O.Ms. No. 163, Health, Medical & Family Welfare (C) Department, Government of Telangana, dated 06.11.2026.
2. That, in accordance with the aforesaid Interim Orders, the Hon'ble High Court has permitted the concerned Medical Colleges / Institutions, for the time being, to collect 60% of the applicable annual tuition fee from the candidates and directed that an undertaking / bond be obtained from the candidates in respect of the remaining 40% of the tuition fee.
3. That, accordingly, I understand that the applicable annual tuition fee for my course, as per the aforesaid Government Order, is ₹7,50,000/- (Rupees Seven Lakhs Fifty Thousand Only), out of which I am liable to pay 60%, amounting to ₹4,50,000/- (Rupees Four Lakhs Fifty Thousand Only), at present, in accordance with the aforesaid Interim Orders.
4. That I hereby voluntarily, unequivocally and unconditionally undertake to pay the remaining 40% of the applicable annual tuition fee, amounting to ₹3,00,000/- (Rupees Three Lakhs Only), or such other amount as may become payable, in accordance with the final judgment / orders to be passed by the Hon'ble High Court in W.P. No. 13895 of 2026 and the applicable Government Orders / directions issued by the Government of Telangana or the competent regulatory authority.
5. That I further undertake to pay the aforesaid remaining tuition fee within the time stipulated by the Hon'ble High Court or as notified by the Government of Telangana / KNR University of Health Sciences / the College, pursuant to the final outcome of the aforesaid writ petition, without raising any objection on the ground that the said amount was not collected at the time of admission.
6. That I also undertake to pay any revision in the annual tuition fee, if ordered or notified by the Government of Telangana or the competent authority, from time to time, during the period of my postgraduate course, subject to the applicable Government Orders, statutory provisions and judicial directions.

7. That I acknowledge that this undertaking is being furnished as a condition for processing my admission under the aforesaid Interim Orders and that the same shall be binding upon me in accordance with the final judgment / orders of the Hon'ble High Court and the applicable directions of the competent authorities.
8. That I am executing this Bond / Undertaking-cum-Affidavit voluntarily, with full knowledge and understanding of its contents, and without any force, coercion or undue influence from any person.

VERIFICATION

I, the above-named deponent, do hereby verify that the statements made in the foregoing paragraphs are true and correct to the best of my knowledge and belief and that nothing material has been concealed therefrom.

Verified at _____ on this _____ day of _____, 2026.

SIGNATURE OF THE CANDIDATE / DEPONENT

Name: _____

Course & Speciality: _____

Allotted College: SVS Medical College, Mahabubnagar

Mobile No.: _____

SIGNATURE OF THE PARENT / GUARDIAN

Name: _____

Relationship with Candidate: _____

Address: _____

Mobile No.: _____

WITNESSES

1. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

2. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

SOLEMNLY AFFIRMED AND SIGNED BEFORE ME - NOTARY PUBLIC

Seal and Signature

Date: _____

Place: _____

CQ – PARA CLINICAL – PG (MD/MS) COURSES – 2026–27

BOND / UNDERTAKING-CUM-AFFIDAVIT
(UNDERTAKING TO PAY THE REMAINING 40% OF THE ANNUAL TUITION FEE)
To be executed on ₹100/- Non-Judicial Stamp Paper and duly notarized

(In compliance with the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in W.P. No. 13895 of 2026, in the matter relating to G.O.Ms. No. 163, Health, Medical & Family Welfare (C) Department, Government of Telangana, dated 06.11.2026.)

I, Dr. _____, S/o / D/o _____, aged about _____ years, residing at _____, having been selected for admission to the Postgraduate Medical Degree Course, MD/MS in _____ (Speciality), under the Competent Authority Quota (CQ) for the academic year 2026–27, through the common counselling conducted by the Kaloji Narayana Rao University of Health Sciences (KNRUHS), Warangal, and having been allotted a seat at SVS Medical College, Mahabubnagar, Telangana, do hereby solemnly affirm and undertake as follows:

1. That I have been informed and made aware of the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in Writ Petition No. 13895 of 2026, concerning the tuition fee payable by students admitted to Postgraduate Medical Courses pursuant to G.O.Ms. No. 163, Health, Medical & Family Welfare (C) Department, Government of Telangana, dated 06.11.2026.
2. That, in accordance with the aforesaid Interim Orders, the Hon'ble High Court has permitted the concerned Medical Colleges / Institutions, for the time being, to collect 60% of the applicable annual tuition fee from the candidates and directed that an undertaking / bond be obtained from the candidates in respect of the remaining 40% of the tuition fee.
3. That, accordingly, I understand that the applicable annual tuition fee for my Para-Clinical Postgraduate Medical Course, as per the aforesaid Government Order, is ₹4,60,000/- (Rupees Four Lakhs Sixty Thousand Only), out of which I am liable to pay 60%, amounting to ₹2,76,000/- (Rupees Two Lakhs Seventy-Six Thousand Only), at present, in accordance with the aforesaid Interim Orders.
4. That I hereby voluntarily, unequivocally and unconditionally undertake to pay the remaining 40% of the applicable annual tuition fee, amounting to ₹1,84,000/- (Rupees One Lakh Eighty-Four Thousand Only), or such other amount as may become payable, in accordance with the final judgment / orders to be passed by the Hon'ble High Court in W.P. No. 13895 of 2026 and the applicable Government Orders / directions issued by the Government of Telangana or the competent regulatory authority.
5. That I further undertake to pay the aforesaid remaining tuition fee within the time stipulated by the Hon'ble High Court or as notified by the Government of Telangana / KNR University of Health Sciences / the College, pursuant to the final outcome of the aforesaid writ petition, without raising any objection on the ground that the said amount was not collected at the time of admission.
6. That I also undertake to pay any revision in the annual tuition fee, if ordered or notified by the Government of Telangana or the competent authority, from time to time, during the period of my postgraduate course, subject to the applicable Government Orders, statutory provisions and judicial directions.

7. That I acknowledge that this undertaking is being furnished as a condition for processing my admission under the aforesaid Interim Orders and that the same shall be binding upon me in accordance with the final judgment / orders of the Hon'ble High Court and the applicable directions of the competent authorities.
8. That I am executing this Bond / Undertaking-cum-Affidavit voluntarily, with full knowledge and understanding of its contents, and without any force, coercion or undue influence from any person

VERIFICATION

I, the above-named deponent, do hereby verify that the statements made in the foregoing paragraphs are true and correct to the best of my knowledge and belief and that nothing material has been concealed therefrom.

Verified at _____ on this _____ day of _____, 2026.

SIGNATURE OF THE CANDIDATE / DEPONENT

Name: _____

Course & Speciality: _____

Allotted College: SVS Medical College, Mahabubnagar

Mobile No.: _____

SIGNATURE OF THE PARENT / GUARDIAN

Name: _____

Relationship with Candidate: _____

Address: _____

Mobile No.: _____

WITNESSES

1. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

2. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

SOLEMNLY AFFIRMED AND SIGNED BEFORE ME - NOTARY PUBLIC

Seal and Signature

Date: _____

Place: _____

CQ – PRE CLINICAL – PG (MD/MS) COURSES – 2026–27

BOND / UNDERTAKING-CUM-AFFIDAVIT
(UNDERTAKING TO PAY THE REMAINING 40% OF THE ANNUAL TUITION FEE)
To be executed on ₹100/- Non-Judicial Stamp Paper and duly notarized

(In compliance with the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in W.P. No. 13895 of 2026, in the matter relating to G.O.Ms. No. 163, Health, Medical & Family Welfare (C) Department, Government of Telangana, dated 06.11.2026.)

I, Dr. _____, S/o / D/o _____, aged about _____ years, residing at _____, having been selected for admission to the Postgraduate Medical Degree Course, MD/MS in _____ (Speciality), under the Competent Authority Quota (CQ) for the academic year 2026–27, through the common counselling conducted by the Kaloji Narayana Rao University of Health Sciences (KNRUHS), Warangal, and having been allotted a seat at SVS Medical College, Mahabubnagar, Telangana, do hereby solemnly affirm and undertake as follows:

1. That I have been informed and made aware of the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in Writ Petition No. 13895 of 2026, concerning the tuition fee payable by students admitted to Postgraduate Medical Courses pursuant to G.O.Ms. No. 163, Health, Medical & Family Welfare (C) Department, Government of Telangana, dated 06.11.2026.
2. That, in accordance with the aforesaid Interim Orders, the Hon'ble High Court has permitted the concerned Medical Colleges / Institutions, for the time being, to collect 60% of the applicable annual tuition fee from the candidates and directed that an undertaking / bond be obtained from the candidates in respect of the remaining 40% of the tuition fee.
3. That, accordingly, I understand that the applicable annual tuition fee for my Pre-Clinical Postgraduate Medical Course, as per the aforesaid Government Order, is ₹1,80,000/- (Rupees One Lakh Eighty Thousand Only), out of which I am liable to pay 60%, amounting to ₹1,08,000/- (Rupees One Lakh Eight Thousand Only), at present, in accordance with the aforesaid Interim Orders.
4. That I hereby voluntarily, unequivocally and unconditionally undertake to pay the remaining 40% of the applicable annual tuition fee, amounting to ₹72,000/- (Rupees Seventy-Two Thousand Only), or such other amount as may become payable, in accordance with the final judgment / orders to be passed by the Hon'ble High Court in W.P. No. 13895 of 2026 and the applicable Government Orders / directions issued by the Government of Telangana or the competent regulatory authority.
5. That I further undertake to pay the aforesaid remaining tuition fee within the time stipulated by the Hon'ble High Court or as notified by the Government of Telangana / KNR University of Health Sciences / the College, pursuant to the final outcome of the aforesaid writ petition, without raising any objection on the ground that the said amount was not collected at the time of admission.
6. That I also undertake to pay any revision in the annual tuition fee, if ordered or notified by the Government of Telangana or the competent authority, from time to time, during the period of my postgraduate course, subject to the applicable Government Orders, statutory provisions and judicial directions.

7. That I acknowledge that this undertaking is being furnished as a condition for processing my admission under the aforesaid Interim Orders and that the same shall be binding upon me in accordance with the final judgment / orders of the Hon'ble High Court and the applicable directions of the competent authorities.
8. That I am executing this Bond / Undertaking-cum-Affidavit voluntarily, with full knowledge and understanding of its contents, and without any force, coercion or undue influence from any person

VERIFICATION

I, the above-named deponent, do hereby verify that the statements made in the foregoing paragraphs are true and correct to the best of my knowledge and belief and that nothing material has been concealed therefrom.

Verified at _____ on this _____ day of _____, 2026.

SIGNATURE OF THE CANDIDATE / DEPONENT

Name: _____

Course & Speciality: _____

Allotted College: SVS Medical College, Mahabubnagar

Mobile No.: _____

SIGNATURE OF THE PARENT / GUARDIAN

Name: _____

Relationship with Candidate: _____

Address: _____

Mobile No.: _____

WITNESSES

1. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

2. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

SOLEMNLY AFFIRMED AND SIGNED BEFORE ME - NOTARY PUBLIC

Seal and Signature

Date: _____

Place: _____

MQ-1 – CLINICAL – PG (MD/MS) COURSES – 2026–27

BOND / UNDERTAKING-CUM-AFFIDAVIT
(UNDERTAKING TO PAY THE REMAINING 30% OF THE ANNUAL TUITION FEE)
To be executed on ₹100/- Non-Judicial Stamp Paper and duly notarized

(In compliance with the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in W.P. No. 13895 of 2026, in the matter relating to G.O.Ms. No. 163, Health, Medical & Family Welfare I Department, Government of Telangana, dated 06.11.2026.)

I, Dr. _____, S/o / D/o _____, aged about _____ years, residing at _____, having been selected for admission to the Postgraduate Medical Degree Course, MD/MS in _____ (Clinical Speciality), under Management Quota–1 (MQ-1) for the academic year 2026–27, through the common counselling conducted by the Kaloji Narayana Rao University of Health Sciences (KNRUHS), Warangal, and having been allotted a seat at SVS Medical College, Mahabubnagar, Telangana, do hereby solemnly affirm and undertake as follows:

1. That I have been informed and made aware of the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in Writ Petition No. 13895 of 2026, concerning the tuition fee payable by students admitted to Postgraduate Medical Courses pursuant to G.O.Ms. No. 163, Health, Medical & Family Welfare I Department, Government of Telangana, dated 06.11.2026.
2. That, in accordance with the aforesaid Interim Orders, the Hon'ble High Court has permitted the concerned Medical Colleges / Institutions, for the time being, to collect 70% of the applicable annual tuition fee from the candidates and directed that an undertaking / bond be obtained from the candidates in respect of the remaining 30% of the tuition fee.
3. That, accordingly, I understand that the applicable annual tuition fee for my Clinical Postgraduate Medical Course, as per the aforesaid Government Order, is ₹24,00,000/- (Rupees Twenty-Four Lakhs Only), out of which I am liable to pay 70%, amounting to ₹16,80,000/- (Rupees Sixteen Lakhs Eighty Thousand Only), at present, in accordance with the aforesaid Interim Orders.
4. That I hereby voluntarily, unequivocally and unconditionally undertake to pay the remaining 30% of the applicable annual tuition fee, amounting to ₹7,20,000/- (Rupees Seven Lakhs Twenty Thousand Only), or such other amount as may become payable, in accordance with the final judgment / orders to be passed by the Hon'ble High Court in W.P. No. 13895 of 2026 and the applicable Government Orders / directions issued by the Government of Telangana or the competent regulatory authority.
5. That I further undertake to pay the aforesaid remaining tuition fee within the time stipulated by the Hon'ble High Court or as notified by the Government of Telangana / KNR University of Health Sciences / the College, pursuant to the final outcome of the aforesaid writ petition, without raising any objection on the ground that the said amount was not collected at the time of admission.
6. That I also undertake to pay any revision in the annual tuition fee, if ordered or notified by the Government of Telangana or the competent authority, from time to time, during the period of my postgraduate course, subject to the applicable Government Orders, statutory provisions and judicial directions.

7. That I acknowledge that this undertaking is being furnished as a condition for processing my admission under the aforesaid Interim Orders and that the same shall be binding upon me in accordance with the final judgment / orders of the Hon'ble High Court and the applicable directions of the competent authorities.
8. That I am executing this Bond / Undertaking-cum-Affidavit voluntarily, with full knowledge and understanding of its contents, and without any force, coercion or undue influence from any person.

VERIFICATION

I, the above-named deponent, do hereby verify that the statements made in the foregoing paragraphs are true and correct to the best of my knowledge and belief and that nothing material has been concealed therefrom.

Verified at _____ on this _____ day of _____, 2026.

SIGNATURE OF THE CANDIDATE / DEPONENT

Name: _____

Category: Management Quota–1 (MQ-1)

Course & Speciality: _____

Allotted College: SVS Medical College, Mahabubnagar

Mobile No.: _____

SIGNATURE OF THE PARENT / GUARDIAN

Name: _____

Relationship with Candidate: _____

Address: _____

Mobile No.: _____

WITNESSES

1. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

2. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

SOLEMNLY AFFIRMED AND SIGNED BEFORE ME - NOTARY PUBLIC

Seal and Signature

Date: _____

Place: _____

MQ-1 – PARA CLINICAL – PG (MD) COURSES – 2026–27

BOND / UNDERTAKING-CUM-AFFIDAVIT
(UNDERTAKING TO PAY THE REMAINING 30% OF THE ANNUAL TUITION FEE)
To be executed on ₹100/- Non-Judicial Stamp Paper and duly notarized

(In compliance with the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in W.P. No. 13895 of 2026, in the matter relating to G.O.Ms. No. 163, Health, Medical & Family Welfare (C) Department, Government of Telangana, dated 06.11.2026.)

I, Dr. _____, S/o / D/o _____, aged about _____ years, residing at _____, having been selected for admission to the Postgraduate Medical Degree Course, MD/MS in _____ (Para-Clinical Speciality), under Management Quota–1 (MQ-1) for the academic year 2026–27, through the common counselling conducted by the Kaloji Narayana Rao University of Health Sciences (KNRUHS), Warangal, and having been allotted a seat at SVS Medical College, Mahabubnagar, Telangana, do hereby solemnly affirm and undertake as follows:

1. That I have been informed and made aware of the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in Writ Petition No. 13895 of 2026, concerning the tuition fee payable by students admitted to Postgraduate Medical Courses pursuant to G.O.Ms. No. 163, Health, Medical & Family Welfare (C) Department, Government of Telangana, dated 06.11.2026.
2. That, in accordance with the aforesaid Interim Orders, the Hon'ble High Court has permitted the concerned Medical Colleges / Institutions, for the time being, to collect 70% of the applicable annual tuition fee from the candidates and directed that an undertaking / bond be obtained from the candidates in respect of the remaining 30% of the tuition fee.
3. That, accordingly, I understand that the applicable annual tuition fee for my Para-Clinical Postgraduate Medical Course, as per the aforesaid Government Order, is ₹7,50,000/- (Rupees Seven Lakhs Fifty Thousand Only), out of which I am liable to pay 70%, amounting to ₹5,25,000/- (Rupees Five Lakhs Twenty-Five Thousand Only), at present, in accordance with the aforesaid Interim Orders.
4. That I hereby voluntarily, unequivocally and unconditionally undertake to pay the remaining 30% of the applicable annual tuition fee, amounting to ₹2,25,000/- (Rupees Two Lakhs Twenty-Five Thousand Only), or such other amount as may become payable, in accordance with the final judgment / orders to be passed by the Hon'ble High Court in W.P. No. 13895 of 2026 and the applicable Government Orders / directions issued by the Government of Telangana or the competent regulatory authority.
5. That I further undertake to pay the aforesaid remaining tuition fee within the time stipulated by the Hon'ble High Court or as notified by the Government of Telangana / KNR University of Health Sciences / the College, pursuant to the final outcome of the aforesaid writ petition, without raising any objection on the ground that the said amount was not collected at the time of admission.
6. That I also undertake to pay any revision in the annual tuition fee, if ordered or notified by the Government of Telangana or the competent authority, from time to time, during the period of my postgraduate course, subject to the applicable Government Orders, statutory provisions and judicial directions.

7. That I acknowledge that this undertaking is being furnished in compliance with the aforesaid Interim Orders and that the same shall be binding upon me in accordance with the final judgment / orders of the Hon'ble High Court and the applicable directions of the competent authorities.
8. That I am executing this Bond / Undertaking-cum-Affidavit voluntarily, with full knowledge and understanding of its contents, and without any force, coercion or undue influence from any person.

VERIFICATION

I, the above-named deponent, do hereby verify that the statements made in the foregoing paragraphs are true and correct to the best of my knowledge and belief and that nothing material has been concealed therefrom.

Verified at _____ on this _____ day of _____, 2026.

SIGNATURE OF THE CANDIDATE / DEPONENT

Name: _____

Category: Management Quota–1 (MQ-1)

Course & Speciality: _____

Allotted College: SVS Medical College, Mahabubnagar

Mobile No.: _____

SIGNATURE OF THE PARENT / GUARDIAN

Name: _____

Relationship with Candidate: _____

Address: _____

Mobile No.: _____

WITNESSES

1. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

2. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

SOLEMNLY AFFIRMED AND SIGNED BEFORE ME - NOTARY PUBLIC

Seal and Signature

Date: _____

Place: _____

MQ-1 – PRE CLINICAL – PG (MD) COURSES – 2026–27

BOND / UNDERTAKING-CUM-AFFIDAVIT
(UNDERTAKING TO PAY THE REMAINING 30% OF THE ANNUAL TUITION FEE)
To be executed on ₹100/- Non-Judicial Stamp Paper and duly notarized

(In compliance with the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in W.P. No. 13895 of 2026, in the matter relating to G.O.Ms. No. 163, Health, Medical & Family Welfare (C) Department, Government of Telangana, dated 06.11.2026.)

I, Dr. _____, S/o / D/o _____, aged about _____ years, residing at _____, having been selected for admission to the Postgraduate Medical Degree Course, MD/MS in _____ (Pre-Clinical Speciality), under Management Quota–1 (MQ-1) for the academic year 2026–27, through the common counselling conducted by the Kaloji Narayana Rao University of Health Sciences (KNRUHS), Warangal, and having been allotted a seat at SVS Medical College, Mahabubnagar, Telangana, do hereby solemnly affirm and undertake as follows:

1. That I have been informed and made aware of the Interim Orders dated 07.09.2026 passed by the Hon'ble High Court in Writ Petition No. 13895 of 2026, concerning the tuition fee payable by students admitted to Postgraduate Medical Courses pursuant to G.O.Ms. No. 163, Health, Medical & Family Welfare (C) Department, Government of Telangana, dated 06.11.2026.
2. That, in accordance with the aforesaid Interim Orders, the Hon'ble High Court has permitted the concerned Medical Colleges / Institutions, for the time being, to collect 70% of the applicable annual tuition fee from the candidates and directed that an undertaking / bond be obtained from the candidates in respect of the remaining 30% of the tuition fee.
3. That, accordingly, I understand that the applicable annual tuition fee for my Pre-Clinical Postgraduate Medical Course, as per the aforesaid Government Order, is ₹1,80,000/- (Rupees One Lakh Eighty Thousand Only), out of which I am liable to pay 70%, amounting to ₹1,26,000/- (Rupees One Lakh Twenty-Six Thousand Only), at present, in accordance with the aforesaid Interim Orders.
4. That I hereby voluntarily, unequivocally and unconditionally undertake to pay the remaining 30% of the applicable annual tuition fee, amounting to ₹54,000/- (Rupees Fifty-Four Thousand Only), or such other amount as may become payable, in accordance with the final judgment / orders to be passed by the Hon'ble High Court in W.P. No. 13895 of 2026 and the applicable Government Orders / directions issued by the Government of Telangana or the competent regulatory authority.
5. That I further undertake to pay the aforesaid remaining tuition fee within the time stipulated by the Hon'ble High Court or as notified by the Government of Telangana / KNR University of Health Sciences / the College, pursuant to the final outcome of the aforesaid writ petition, without raising any objection on the ground that the said amount was not collected at the time of admission.
6. That I also undertake to pay any revision in the annual tuition fee, if ordered or notified by the Government of Telangana or the competent authority, from time to time, during the period of my postgraduate course, subject to the applicable Government Orders, statutory provisions and judicial directions.

7. That I acknowledge that this undertaking is being furnished in compliance with the aforesaid Interim Orders and that the same shall be binding upon me in accordance with the final judgment / orders of the Hon'ble High Court and the applicable directions of the competent authorities.
8. That I am executing this Bond / Undertaking-cum-Affidavit voluntarily, with full knowledge and understanding of its contents, and without any force, coercion or undue influence from any person.

VERIFICATION

I, the above-named deponent, do hereby verify that the statements made in the foregoing paragraphs are true and correct to the best of my knowledge and belief and that nothing material has been concealed therefrom.

Verified at _____ on this _____ day of _____, 2026.

SIGNATURE OF THE CANDIDATE / DEPONENT

Name: _____

Category: Management Quota–1 (MQ-1)

Course & Speciality: _____

Allotted College: SVS Medical College, Mahabubnagar

Mobile No.: _____

SIGNATURE OF THE PARENT / GUARDIAN

Name: _____

Relationship with Candidate: _____

Address: _____

Mobile No.: _____

WITNESSES

1. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

2. Witness

Signature: _____

Name: _____

Full Address: _____

Mobile No.: _____

Date: _____

SOLEMNLY AFFIRMED AND SIGNED BEFORE ME - NOTARY PUBLIC

Seal and Signature

Date: _____

Place: _____