MALLA REDDY INSTITUTE OF MEDICAL SCIENCES

CONTACT NOS. FOR QUERIES – 9440666504 / 8688820127

Important Points

- ➔ **Application form to be filled Online and submit Hard Copy at the Time of Admission duly signed**
- ➔ **Mode of Fee Payment is only Demand Drafts**
- ➔ **All Original certificates will be verified by Admission Committee comprising of 3 Professors**
- ➔ **Certificates Verification Timings are from 9:30 AM to 3:00 PM only**
- ➔ **JODO Fee App. Registration is Mandatory (Please bring your Cheque Book & ATM Card while reporting)**

CHECK-LIST TO PG (MD/MS) STUDENTS – MQ & NRI CATEGORIES
1. NON-REFUNDABLE APPLICATION & ADMISSION PROCESSING CHARGES - Rs.2,000/- (ONLINE LINK WILL BE PROVIDED AT THE TIME OF REPORTING)
2. 1ST YEAR TUITION FEE - DEMAND DRAFT ONLY IN FAVOUR OF "MALLA REDDY INSTITUTE OF MEDICAL SCIENCES" PAYABLE AT HYDERABAD
3. ADMISSION & REGISTRATION FEE - RS.1,00,000/- (1ST YEAR ONLY) DEMAND DRAFT ONLY IN FAVOUR OF " MALLA REDDY INSTITUTE OF MEDICAL SCIENCES " PAYABLE AT HYDERABAD
4. DISCONTINUATION BOND (Rs.100/- Stamp Paper with Notary)
5. CERTIFICATES GENUINITY BOND (Rs.100/- Stamp Paper with Notary)
6. COLLEGE FEE BOND FOR COMPLETE COURSE FEE (Rs.100/- Stamp Paper with Notary)
7. SERVICE BOND FOR ONE YEAR AS SENIOR RESIDENT (Rs.100/- Stamp Paper with Notary)
8. NRI AFFIDAVIT (for NRI candidates only) along with NRI proofs (Passport & VISA copy, Utility Bill & Embassy OCI Letter) (Rs.100/- Stamp Paper with Notary)
9. All Original Certificates as per List of Documents & Two sets xerox with self attestation & Pen drive with all scanned copies of all the certificates

(To be printed on Rs 100/- Non Judicial stamp paper duly notarized)

MALLA REDDY INSTITUTE OF MEDICAL SCIENCES
MD/MS COURSE DISCONTINUATION BOND
UNDERTAKING/ BOND for General/NRI Category

I, Mr./Ms .....(Name of the Candidate), aged about ……. years, S/o. /D/o. .....(Name of the Parent) Resident of .....(Permanent/ Present address of parent) do hereby swear an oath as follows-

I have been selected to the MS/MD course for the academic year 2026-27 at **Malla Reddy Institute of Medical Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India** a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad** through the Common Counselling conducted by the Medical Counselling Committee, Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank No.....(All India Rank)

I, state that on my own will along with my parents/guardian I am taking admission to the MD/MS course at **Malla Reddy Institute of Medical Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India** as per the MCC/DGHS Provisional Allotment letter dated …….

I, further state that, in consideration of admission to MD/MS Course, I shall completethe full MD/MS Course (as per MCC/DGHS Norms) and accordingly undertake to pay all the tuition fee and other fees as prescribed by **Malla Reddy Institute of Medical Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad / Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad, at the time of starting of my academic year and for the subsequent years of my MD/MS Degree.**

In the event of my discontinuation of MD/MS course due to any reason at any point of time after my admission; I along with my parent/guardian hereby undertake to pay the balance tuition fees for the entire remaining course, any pending fees and other fees which would have accrued in the normal flow of the course Malla Reddy Institute of Medical Sciences, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University),** Suraram 'X' Roads, Jeedimetla, Hyderabad. I understand that I become liable to pay the whole course fee immediately upon securing a seat and therefore it is equitable to ensure that the total course fees are paid in the event of a premature termination of the course admission. I further undertake that, if in case I discontinue my course for any reason I will not claim for refund of the fees which I have already paid during my admission and will refund the amount received as stipend up to the date of my discontinuation to the Institution.

This undertaking is given without any coercion, undue influence, or threat and by my free consent. The contents herein above are read over and understood by me and true to the best my knowledge and belief. I along with my parent/guardian do hereby undertake to act accordingly. This, undertaking is made on the _____ (Date)

Signature of the Candidate	**Signature of the Parent/Guardian**
Name of the Candidate	Name of the Parent/Guardian and Relation

(To be printed on Rs 100/- Non Judicial stamp paper duly notarized)

MALLA REDDY INSTITUTE OF MEDICAL SCIENCES

(GENUINITY BOND)

UNDERTAKING

I, ……..(Candidate name) S/o/ D/o …… bearing PG NEET 2026 Rank No……..

And

I, …….. (Parent Name) F/o. …….. bearing PG NEET 2026 Rank No……

hereby give an understand as below, in connection with our claim with regard to certificates submitted for admission into PG Medical Courses for the Academic Year 2026-27 in Malla Reddy Institute of Medical Sciences, a constituent unit of Malla Reddy Vishwavidyapeeth (Deemed to be University). 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 Malla Reddy Institute of Medical Sciences and Malla Reddy Vishwavidyapeeth (Deemed to be University).

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:**

(To be printed on Rs 100/- Non Judicial stamp paper duly notarized)

MALLA REDDY INSTITUTE OF MEDICAL SCIENCES

MRIMS FEE PAYMENT AFFIDAVIT

I …….. S/o./D/o. …… admitted into …… course in the year …… at Malla Reddy Institute of Medical Sciences, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)** Suraram, Hyderabad do hereby agree to pay my annual tuition fee on or before the dates mentioned below:-

	For PG Students
2nd Year Tuition fee	1st November 2027
3rd Year Tuition Fee	1st November 2028

I further promise to strictly adhere to the fee payment schedule mentioned above irrespective of my exam schedule, exam results and any other unforeseen incidences

Student's Signature Parent's Signature

Date:

(To be printed on Rs 100/- Non Judicial stamp paper duly notarized)

MALLA REDDY INSTITUTE OF MEDICAL SCIENCES

SERVICE BOND

ANNEXURE

I, Dr. _____ selected for Post Graduate Degree MD/MS _____ Course for the year 2026-27 do hereby under take to serve the Malla Reddy Institute of Medical Sciences, a constituent unit of Malla Reddy Vishwavidyapeeth (Deemed to be University), Suraram, Hyderabad, Telangana by working in Malla Reddy Hospital as a Senior Resident for a period of one year after successful completion of the PG Degree.

In case, I fail to join as Senior Resident or in case of not completing one year of service within a maximum period of 18 months, I undertake to pay a sum of Rs. 15,00,000/- (Rupees Fifteen Lakhs only) for PG Degree Course to Malla Reddy Institute of Medical Sciences.

Date:

Signature of the Parent / Guardian	Signature of the Candidate
Aadhar No:	Aadhar No:
Name :	Name :
Address:	Address:

(To be printed on Rs 100/- Non Judicial stamp paper duly notarized)

NRI AFFIDAVIT

DECLARATION

(This declaration is to be given by a Student/Parent/Blood Relative (family member) who isseeking admission under NRI category

I, Mr/Ms_____(Student Name) NEET PG 2026 Hall Ticket No_____ NEET PG 2026 Rank _____Son / Daughter of Mr. / Ms._____ (Father Name)seeking admission into PG Course in NRI category for the academic year 2026-27 into Malla Reddy Institute of Medical Sciences, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)** Hyderabad do hereby declare and state as under:

I declare that I am Son/Daughter/Niece/Nephew/Brother/Sister of Mr./Ms. _____ (NRI Person Name) S/o. (NRI Father Name) R/o. incorporate the complete address of NRI to whom the candidate is related).

I declare that the said family member NRI is paying my fee for my PG course and I further declare that the above facts stated are true and correct and I am liable for any action in the event of concealment of facts. Hence, this declaration.

(Signature of the Candidate)

I,_____(NRI Person Name) S/o._____(NRI Father Name)here declare and confirm that the above candidate viz., Mr./Ms._____ (Student Name) is related to me as Son/Daughter/Niece/Nephew/Brother/Sister and I hereby irrevocably agree and undertake to provide finance support to him/her by payment of entire fees and other expenses for pursuing MD/MS Course in Malla Reddy Institute of Medical Sciences, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)** Hyderabad.

Date: (Signature of the NRI)

(Certificate to be collected from Local Mandal Revenue Office)

(Proforma of GAP Certificate if the GAP period is more than 2 years)

GOVERNMENT OF TELANGANA
REVENUE DEPARTMENT

O/o Tahsildar,
……. Mandal

Lr.No.C/……. 2026 Dated……..

GAP CERTIFICATE

Based on the report of the Mandal Girdawar and on the strength of Police verification Certificate submitted by the applicant…….. S/o. / D/o. ……..… R/o. H.No …… has not studied any course during the 20___-20___ years.

Tahsildar,
…… Mandal

To,

(To be printed on Rs 100/- Non Judicial stamp paper duly notarized)

(Proforma for GAP Certificate if the GAP period is 2 years or less)

AFFIDAVIT FOR GAP CERTIFICATE

I ……., aged…….years, residing at ……, do hereby swear in this affidavit and declare as under:

1. I SAY THAT I have Completed my MBBS in the year ……. from …….. college after which I completed, then after which I was preparing for NEET PG examination during the year……..

2. I SAY THAT since …….. till date I did not join any educational institution either in…….. state or elsewhere in India. I say that from …….. is my Gap period.

3. I execute this Gap Affidavit to put facts on record, and produce the same before the concerned college authorities enable them to record the GAP in any education from …….. on the strength of this GAP Affidavit.

Whatever state here in above is true and correct to the best of my knowledge, belief and information and nothing has been concealed or suppressed in respect hereof.

Solemnly affirmed at …….. on ……

VERIFICATION

Verified that the above content are true to the best of my knowledge and belief and nothing in material has been concealed there from the content of the affidavit have been read out to me.

Place:
Date:

DEPONENT
Signed before me

Witness

1. ……..