UNDERTAKING BY STUDENTS / PARENTS

I, Mr./Miss _____ S/o. D/o._____ H.T. No. _____ are studying in BHMS in J.S.P.S Govt. Homoeopathic Medical College, Ramanthapur, Hyderabad hereby undertake that, I will fulfill the following requirements.

1. My class attendance will be more than 85% in all the theory and practical subjects of all semesters, failing which the College management may detain me from appearing in the K.N.R. University of Health Sciences, Warangal examinations.

2. In case my attendance is less than 75%, I may be detained in appearing in the K.N.R. University of Health Sciences, Warangal.

3. I will attend all the classes regularly throughout the year. In case of Medical reasons or other unavoidable circumstances, I will submit the leave application along with supporting documents to my HOD / Dean within 2 days of rejoining my classes.

4. I will not use such words or language with any student which embraces him / her.

5. Mobile phone are prohibited in the campus hence I will not use mobile phones during class work.

6. I will maintain discipline inside and outside campus. Also I will advise to junior students to maintain discipline.

7. I will not indulge in or initiate bunking classes.

8. I have fully understood the rules and regulations of this College and promise to abide by the same.

9. If I remain absent continuously for 30 days, my parents will have to meet the Principal to take permission to attend classes.

10. If I remain absent continuously for 3 months, my parents have to take permission from KNRUHS, Warangal to attend classes.

I have gone through carefully the terms of the above undertaking and understand that following of these terms are for my / his / his own benefit and improvement. I also understand that, if I / He / She fails to comply with these terms, I / He / She will be liable to suitable action as per College / University rules. I undertake that, He / She will strictly follow the above terms.

Father / Mother Name : _____

Student Name : _____

Signature of Parent : _____

Signature of Student : _____

Date: _____ Place _____

GOVERNMENT OF TELANGANA
J.S.P.S Govt. Homoeo Medical College
Ramanthapur, Hyderabad - 013
Website: JSPSGHMC.ORG
E. Mail: jspsghmchydts@gmail.com

RAGGING:

The parents have to give an undertaking (as per judgment of Humble High Court of T.S) in form 6 that, in the event of their Son / Daughter committing or indulging in the Act of Ragging, they would also be liable for punishment along with their ward.

FORM – III
(UNDERTAKING BY CANDIDATE / PARENT ON RAGGING)
UNDERTAKING OF CANDIDATE

I, Mr./Miss. _____ with NEET_____ Rank _____Son / D/o. _____ admitted into BHMS Course of K.N.R University of Health Sciences, Warangal, Telangana State in the Academic year _____ at J.S.P.S Govt. Homoeopathic medical College, Ramanthapur, Hyderabad T.S, assure that, I will not indulge in the Act of Ragging or indiscipline during study Sciences. If violated the University / College authorities may take appropriate action against me.

Signature of the Candidate : _____

Name of the Candidate : _____

Name of the Parent/Guardian : _____

Date : _____

UNDERTAKING OF CANDIDATE'S PARENT

I, Sri. / Smt. _____ F/M/o. _____ who is admitted into MD Homoeo of K.N.R. University, Warangal, Telangana State, in the Academic year _____ at J.S.P.S. Govt. Homoeo. Medical College, Hyderabad assure that, my Son / Daughter will not indulge in the Act of Ragging at any stage during his / her study period in the College affiliated of KNR University. If violated, I may also be liable for any type of punishment alongwith my Son / Daughter.

Signature of the Parent : _____

Name of the Parent : _____

Date : _____

Address : _____

_____

_____

Phone No. : _____

GOVERNMENT OF TELANGANA
J.S.P.S Govt. Homoeo Medical College
Ramanthapur, Hyderabad - 013

ADMISSION FORM FOR BHMS COURSE
FOR THE ACADEMIC YEAR 2026-2027

NEET Application No.		NEET Rank	
NEET Registration No.		NEET Marks	
NEET H.T.No.		Admission Under (as per allotment order)	
Date of Admission		Category	AIQ/CQ/CGN

LATEST PASSPORT SIZE PHOTO

1.	Full Name (in block letters as in SSC Certificate)			
2.	Father / Guardian's name			
3.	Gender	Male		Female
4.	Date of Birth			
5.	Nationality / Mother Tongue			
6.	Social Status/Caste/Sub Caste			
7.	Intermediate H.T.No.		Month & Year of passing	
8.	Occupation of Parent			
9.	Permanent Address of Parent / Guardian	Student Cell No. _____ Father Cell No._____ Mother Cell No. _____ Email ID: _____ Aadhar No. _____		
10.	Present Address			
11.	Identification Marks			
12.	Blood Group			

APPLICABLE FOR AIQ/CQ/CGN QUOTA CANDIDATES

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506002	NAME & ADDRESS OF THE COLLEGE (As per College Letter Head) JSPS GOVT. HOMOEO MEDICAL COLLEGE, RAMANTHAPUR, HYDERBAD-013	Scanned Photo of the Candidate (Attested by the Principal)

DETAILS OF THE CANDIDATE ADMITTED INTO AYUSH COURSE FOR THE ACADEMIC YEAR 2026-27

S.No.:	**NEET Rank :**	**NEET Roll No :**	**KNRUHS Merit :**

Student Name (Block Letters) :	
Father's Name:	**Gender:**
Address:	
Category/Caste:	**Local/Non-Local:**
	DOB (DD/MM/YYYY):
Qualifying Examination Board:	**Allotted Quota (AIQ/CGN, CQ, MQ) :**
Allotted Details as per KNRUHS Allotment Letter: (Please Refer to the Allotment letter issued by KNRUHS)	
College Code: 211	
Mobile Number (10 Digits Only):	
Email ID:	
Aadhaar Number:	
Total Marks Obtained in Eligibility Exam:	**Maximum Marks in Eligibility Exam:**
Identification Marks (As per SSC/Birth Certificate)	**1)**
	2)
Signature of the Candidate	**Signature of the Principal along with the Official Seal**