

(ANNEXURE-V)

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, **TELANGANA:: WARANGAL** MBBS/BDS ADMISSIONS 2024-25 UNDER MANAGEMENT QUOTA

DECLARA	ATION BY CANDIDATE	/ PARENT	ON NON-JUDICIA	L STAMP PAPE	R FOR Rs.10/
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DECLARATION BY CANDIDATE / PARENT ON NON-JUDIO	<u>CIAL STAMP PAPER FOR Rs.10/-)</u>				
I, Mr/Ms					
Selected	d for MBBS/BDS Course for the yea				
2024-25 under Management Quota declare that I am not ac	dmitted in any other Medical Colleg				
in the country as on today. I am not a part of any seat block	king procedure. I will not discontinu				
the course without valid seat allotment at a later date in oth	ner college. In case of any discrepance				
I am liable for legal action by KNR University of Hea	alth Sciences and Government and				
cancellation of seat.					
	Signature of the Candidate				
I,Mr/Mrs	Parent of				
Mr/MsSelecte	ed for MBBS/BDS Course for the yea				
2024-25 under Management Quota declare that my Son/Da	aughter is not admitted in any othe				
Medical College in the country as on today. My Son / Daug	ghter 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	or legal action by KNR University o				
Health Sciences and Government and cancellation of seat.					
•					
Date(DD/MM/YYYY):	Signature of Parent				