NATIONAL RESEARCH INSTITUTE OF UNANI MEDICINE FOR SKIN DISORDERS (FORMERLY CENTRAL RESEARCH INSTITUTE OF UNANI MEDICINE), HYDERABAD

AYUSH PG(UNANI) ADMISSIONS -2025-26

ORIGINAL DOCUMENTS TO BE SUBMITTED AT THE TIME OF ADMISSION Original documents (along with attested photocopies of documents – 2 sets) required at the time of joining

- (i) Admission allotment Letter issued by AACCC.
- (ii) AIAPGET-2025(Unani) Admit Card issued by NTA
- (iii) AIAPGET-2025 (Unani) Result/Rank Letter issued by NTA
- (iv) 10th Std or equivalent Certificate
- (v) 12th Standard or Equivalent Certificate
- (vi) Mark Sheets of BUMS 1st, 2nd & 3rd Professional Examinations or 1st, 2nd, 3rd & 4th Professional Examinations (as applicable).
- (vii) BUMS Degree Certificate or Provisional Degree Certificate.
- (viii) Internship Completion Certificate
- (ix) Council Registration Certificate.
- (x) Date of Birth Certificate. [If Matric (10th) Certificate does not bear the same.]
- (xi) Proof of identity (Aadhar/ PAN/ Driving License/ Passport/ Voter ID)
- (xii) Medical Certificate issued by Registered Medical Practitioner in prescribed format as attached in Annexure-VI.
- (xiii) The Candidate should also bring the following certificate, if applicable:
 - a. Disability Certificate issued from a duly constituted and authorized Medical Board for 21 Benchmark Disabilities as per the Rights of Persons with Disability Act, 2016. No other PwD certificate, issued by any other Authorities/ Hospital will be entertained. The format of Certificate of Disability is attached as ANNEXURE-I. (The qualified Persons with Disability (PwD) candidates should get themselves certified at one of the under mentioned Disability Assessment Boards, constituted in various States/UTs. The list of Centers who will issue Disability Certificates as per 21 Benchmark Disabilities given under RPWD Act-2016 is attached as ANNEXURE-II.)
 - b. **SC/ST Certificate**, issued by the competent authority, should be in English or Hindi language. Sub caste should be clearly mentioned in the certificate. Certificate should be as per the prescribed format of Government of India (ANNEXURE-III).
 - c. OBC certificate issued by the Competent Authority. The sub-caste should tally with the Central List of OBC. The OBC candidates should not belong to Creamy Layer. The OBC certificate must be as per the prescribed format of Government of India (Annexure-IV).
 - d. Economically Weaker Section (EWS) certificate issued by the Competent Authority.
 (Annexure-V)

Candidates without original certificates/documents shall not be allowed to take admission. Candidates who have deposited their original documents with any other Institute/College/University and come for admission with a certificate stating that "their

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original certificates are deposited with the Institute/College/University" shall not be allowed to take admission in the College.

FEE STRUCTURE

- 1. University Fee: Rs.15000/- in the DD Form favouring "REGISTRAR KNRUHS WARANGAL"
- 2. First Year Tuition Fee: ₹61750.00 in the form of DD favouring "CENTRAL RESEARCH INSTITUTE OF UNANI MEDICINE" Payable at Hyderabad.
- 3. Caution Money Fee (REFUNDABLE): ₹20,000/- in the form of DD favouring "CENTRAL RESEARCH INSTITUTE OF UNANI MEDICINE" Payable at Hyderabad.

Note: Presently the Hostel facility is only for female PG students.

Hostel Fee: Rs.35431 for First Year, Rs.38974 for second year and Rs.42872 for Third year to be paid on allotment of Hostel if required.

DEPUTY DIRECTOR & HEAD

ANNEXURE-IV

PROFORMAFOROTHERBACKWARDCLASS(OBC-NCL) CERTIFICATE

(Certificate to be produced by Other Backward Class applying for admission to Central Educational Institute (CEIS) under the Government of India)

	This is		certify	that S	Shri/Smt./Kum./Dr	•	Son/Daughter	
	Shri/Dr	5.4		_of Villag	ge/Town	District/Division	in the	State
	belongs to the	he	7, P	_Commu	nity which is recog	nized as a backward class ur	nder:	
	dated 13/09.	/93.			- AND STREET,	Agreed to the second se	raordinary part I Section I No	
)	20/10/94			-	CA /I	77/	dinary part I Section I No.163	
ii)	Resolution 1 25/05/95.	No.1201	1/7/95-BC	C dated 24	4/05/95 published i	n the Gazette of India Extra	ordinary part I Section I No.8	8 dated
v) /)	Resolution 1 Resolution 1 11/12/96.	No.1201	1/44/96-B	CC dated	06/12/96 published	in the Gazette of India Extra	aordinary part I Section I No	.120 dated
vi) vii) viii) (x)	06/12/99	No.12011 No.12011 No.1201	1/99/94-B0 1/68/98-B0 1/88/98-B	CC dated 2 CC dated 2 CC dated	11/12/97. 27/10/99. 06/12/99published	AGE ANN TO SHAPE	ordinary part I Section I No.	Chicago N.
k)	dated 04/04	1/2004.			1004	PLANDPHORY	xtraordinary part I Section I	Bell
xi)	Resolution dated 21/09		1/44/99-B	CC dated	21/09/2000 publish	ned in the Gazette of India Ex	xtraordinary part I Section I I	No.210
xii) xiii) xiv) xv)	Resolution 1	No.12011 No.12011	1/01/2001-	BCC dated	1 06/09/2001. 1 19/06/2003. 113/01/2004. ed16/01/2006 publ	ished in the Gazette of India	Extraordinary part I Section	I No. 210
xvi)	dated 16/01	1/2006. No.2001			dated 04/03/2014 p	***************************************	dia Extraordinary Part I sect	t) Busin
	Shri/Smt./I	Zum			and/or his far	nily ordinarily reside (s)in th	e) Allegarithms
	District/Div		,			mily ordinary rootes (s)	- O	A CONTRACTOR
		20%			es not belong to	the persons/section (creamy	layer) mentioned in Colum	nn 3 of th
	Scheduled	to the Go	overnmen	t of India.	Department of Per	rsonnel & Training O.M. No s.) dated 09.03.2004 or the	, 36012/22/93-Estt. (SCT) de latest notification of the Go	vernment
	Scheduled which is n India. Dated:	to the Go	overnmen	t of India.	Department of Per	rsonnel & Training O.M. No s.) dated 09.03.2004 or the	. 36012/22/93-Estt. (SCT) da	vernment
	Scheduled which is n India. Dated:	to the Go	overnmen vide OM	t of India. No. 3603	Department of Per 3/3/2004 Estt. (Re	rsonnel & Training O.M. No s.) dated 09.03.2004 or the District Ma	. 36012/22/93-Estt. (SCT) de latest notification of the Go	vernment o
	Scheduled which is n India. Dated: NOTE: The Term	to the Gonodified Ordinar	overnmen vide OM	t of India. No. 3603	Department of Per 3/3/2004 Estt. (Re	rsonnel & Training O.M. No s.) dated 09.03.2004 or the District Ma ning as in Section 20 of the	, 36012/22/93-Estt. (SCT) de latest notification of the Go	vernment o
(a)	Scheduled which is n India. Dated: NOTE: The Term The autho District	to the Go modified Ordinar rities con Magist	overnmen vide OM vily used h mpetent to	t of India. No. 3603 ere will he issue Cas Additi	Department of Per 3/3/2004 Estt. (Re ave the same means the Certificates are ional Magistra.	rsonnel & Training O.M. No s.) dated 09.03.2004 or the District Ma ning as in Section 20 of the indicated below:	. 36012/22/93-Estt. (SCT) de latest notification of the Go gistrate/Competent Authority Representation of the People Stipendiary Magistrate	y Seal Act, 1950 Su
(a) (a) (b)	Scheduled which is n India. Dated: NOTE: The Term The autho District Divisional Stipendian	to the Go nodified Ordinar rities con Magist Wagistray Wagi S	overnmen vide OM rily used h mpetent to trate / ate/Taluka	t of India. No. 3603 ere will hu issue Cas Additi aMagistra	Department of Per 3/3/2004 Estt. (Re ave the same means te Certificates are made to Magistra ate/ExecutiveMagistra	rsonnel & Training O.M. No s.) dated 09.03.2004 or the District Ma ning as in Section 20 of the indicated below: te / Ist Class strate/Extra Assistant Comm	. 36012/22/93-Estt. (SCT) de latest notification of the Go gistrate/Competent Authority Representation of the People Stipendiary Magistrate missioner(not below the rank	y Seal Act, 1950 Su
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Annexure-V

Proforma for EWS Certificate

Government of

(Name & Address of the authority issuing the certificate)

INCOME & ASSEST CERTIFICATE TO BE PRODUCED BY ECONOMICALLY WEAKER SECTIONS

Ce	rtificate No. dated	valid for the year	The state of the s	
	This is to certif	fy that Shri/Smt./Kuma	iri <u> </u>	
	son/daughter/wife	3 -0.0000000	000c	7.9x
	Of permanent	resident of_	70000c	
	Village/Street			CC CAN
	Post. Office	District	100	in the State/Union Territory
	1-19-0	P	in Code	whose
	photograph is attested belo	ow belongs to Economic	ally Weaker S	ections, since the gross annual
	-	2 A.m. C., Th. W. L.	AM 2781 27 27	nt Lakh only) for the financial
	year	V X V V V		
	A S		All B	S LL
I.	5 acres of agricultural land			S fueres
II.	Residential flat of 1000 sq Residential plot of 100 sq	f. ft. and above;	fied municipal	ities:
III.	Residential plot of 200 sq	vards and above in area	as other than th	ne notified municipalities.
1 .	Testaciniai prot or 200 sq	सत्यमव	गयत	
	Marine C	Many School of State		
2.	Shri/Smt./Kumari		belongs to t	he
A	caste, which is not recog	nized as a Scheduled C	Caste, Schedule	ed Tribe and Other Backward
	Classes (Central List).			
	8		Signature with	seal of Office
			Name	60
	Sec. 19	C-	Designation_	COO
	Recent Passport size attested photograph of	Pe-	- 200000	Children of the control of the contr
	the applicant	~~~	3000	MA
		The incom	e and assets of th	ne families as mentioned would be
L		required	to be certified by	an officer not below the rank of
			Tehsildar	in the States/UTs
	· · · · · · · · · · · · · · · · · · ·		. 14 1	

^{*}Note-1: Income covered all sources i.e. salary, agriculture, business, profession, etc.

^{**}Note 2: The term 'Family" for this purpose include the person, who seeks benefit of reservation, his/her parents and siblings below the age of 18 years as also his/her spouse and children below the age of 18 years

^{***}Note 3: The property held by a "Family' in different locations or different places/cities have been clubbed while applying the land or property holding test to determine EWS status

ANNEXURE-III

PROFORMA FOR SCHEDULED CASTE AND SCHEDULED TRIBE CERTIFICATE

Form of certificate as prescribed in M.H.A., O.M., No. 42/21/49-N.G.S. dated the 28.1.1952, as revised in Dept. of Per- & A.R. letter No. 36012/6/76-Est. (S.CT), dated the 29.10.1977, to be produced by candidate belonging to a Scheduled Caste or a Scheduled Tribe in support of his/her claim.

CASTE CERTIFICATE ----- of This is to certify that Shri/Smt./Kum.*-----Village/town*-----of the State/UnionTerritory*-----Belongs to the ----- Caste/Tribe which is recognized as a Scheduled Caste/Scheduled Tribe*under: ☐ The Constitution (Scheduled Caste) Order, 1950 ☐ The Constitution (Scheduled Tribe) Order, 1950 ☐ The Constitution (Scheduled Caste) (Union Territories) Order, 1951 ☐ The Constitution (Scheduled Tribe) (Union Territories) Order, 1951 1. (as amended by the Scheduled Caste and Scheduled Tribe Lists (Modification) order, 1956, the Bombay Reorganization Act, 1960, the Punjab Re- organization Act, 1966, the State of Himachal Pradesh Act, 1970 the North Eastern Areas (Re-organization) Act, 1971 and the Scheduled Castes and Scheduled Tribes Orders, (Amendment) ☐ The Constitution (Jammu and Kashmir) Scheduled Caste Order, 1956. ☐ The Constitution (Andaman and Nicobar Islands) Scheduled Tribes Order, 1959. The Constitution (Dadra and Nagar Haveli) Scheduled Caste Order, 1962. The Constitution (Dadra and Nagar Haveli) Scheduled Tribes, Order, 1962. ☐ The Constitution (Puducherry) Scheduled Caste Order,1964 ☐ The Constitution (Uttar Pradesh) Scheduled Tribes, Order, 1967. ☐ The Constitution (Goa, Daman & Diu) Scheduled Caste Order, 1968. The Constitution (Goa, Daman & Diu) Scheduled Tribes, Order, 1968. The Constitution (Nagaland) Scheduled Tribes Order, 1970. The Constitution (Sikkim) Scheduled Caste Order, 1978. The Constitution (Sikkim) Scheduled Tribes Order, 1978. 2. Applicable in the case of Scheduled Caste/Schedule Tribe persons who have migrated from one State/Union Territory सत्यमव जयत Administration: This certificate is issued on the basis of the Scheduled Caste/Scheduled Tribe*certificate issued to Shri/Smt*------father/mother of Shri/Smt/Kum*- -----of village/town* ---------in District/Division*-----------who belongs to the ------caste/tribe which is recognized as a Scheduled Caste/Scheduled Tribe* in the State/ Union -----issued by the ----- (name of prescribed authority) vide their No------date ---------and/or his/her*family ordinary reside(s) in village/town* 3. Shri*/Smt.*/Kum*-----State/Union Territory of ----Signature: **Designation: -----Place-----State/Union Territory Date ----- (With seal of Office) *Please delete the words which are not applicable. ☐ Please quote specific Presidential Order. ☐ Delete the paragraph which is not applicable. **Should be signed by the Authorities empowered to issue Scheduled Caste/Scheduled Tribe certificates as specified

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above.



KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA, WARANGAL-506007

National Research
Institute of Unani
Medicine for Skin
Disorders (Formerly
Central Research Institute
of Unani Medicine)
Hyderabad.

PHOTO

DETAILS OF THE CANDIDATE ADMITTED INTO AYUSH COURSE FOR THE ACADEMIC YEAR 2025-26

S.No.: AIAPGET Rank:		AIAP	GET Reg. NO :	KNRUHS Merit:		
Student Name (Block Letters):						
Father's Name as per Aadhar: Gender: M / F						
Father's Aadhar Number:						
Mother's Name as per Aadhar:						
Mothers Aadhar Number:						
Parents Contact Numbers:						
Address:						
Category/Caste:			Local/Non-Local:			
			NON LOCAL			
DUMC Do	gging Month Voor g	and Name of	DOB (DD/MM/YYYY):			
the Univer	ssing Month, Year a sity:	inu Name oi				
Qualifying Examination Board:			Allotted Quota (AIQ/CGN, CQ, MQ) : AIQ			
	Allotted Details as per					
AACCC Allotment Letter:						
Site/College Code: 223						
Students Mobile Number/Whatsapp Mobile Number:						
Student Email ID:						
Aadhaar Number:						
PAN Number:						
Passport Number:						
Total Marks Obtained in Eligibility Exam: Maximum Marks in Eligibility Exam:						
Identific	ation Marks (As	1)				
	Birth Certificate)	2)				
Signature of the Candidate Signature			e of the Principal alo	ong with the Official Seal		

^{*}Please attach all relevant certificate true copies.

$\begin{array}{c} \text{ANNEXURE} - I \\ \text{(17.2)} \\ \text{(Non Judicial Stamped paper for Rs. 100/-} \end{array}$

l, Dr	selected for				
Postgraduate Degree Course in Unani for the academic year 2025-26 in NATIONAL					
RESEARCH INSTITUTE OF UNANI MEDICINE	FOR SKIN DISORDERS(FORMERLY				
CENTRAL RESEARCH INSTITUTE OF UNAN	II MEDICINE), HYDERABAD do hereby				
undertake to complete the said course as per t	the requirement of the University. In the				
event of my leaving the studies in midterm, I undertake to pay to the KNR University of					
Health Sciences a sum of Rs.1,00,000/- (Rupees One Lakh) only and refund the					
amount received as stipend upto that date.					
Date :	Signature of the candidate				
Signed by the above bounden in the presence o	of:				
WITNESSES	SURETIES				
1. Signature :	1. Signature				
Name and address in full	Name and address in full				
2. Signature:	2. Signature:				
_	<u>-</u>				
Name and address in full	Name and address in full				

N.B: Sureties should be two permanent officers of NRIUMSD, Hyderabad (Refer Clause No. 17.2)