

KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

(ON NON- JUDICIAL STAMP PAPERS OF RS.100/- WITH NOTARY)

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2023-24

I, _____ (Name of the candidate) S/o, D/o _____ (Name of the parent),
Selected for MBBS/BDS Course do hereby under take to complete the course as per the requirement of
KNR University of Health Sciences, Telangana, Warangal. In the event of my discontinuing the studies
after joining the course or after the date of announcement of second phase of admissions, I under take
to pay KNR University of Health Sciences, a sum of Rs.20,00,000/- (Rupees Twenty lakhs only) and I am
aware that I will be debarred for three years for admission into MBBS/BDS course in the state of
Telangana besides payment of Rs.20,00,000/- (Rupees Twenty lakhs only) towards forfeiture of the
bond in accordance to the G.O.Ms.No.125,126 and 127 HM&FW Dept Dated: 22.09.2022.

Signature of the candidate

I, _____ (Name of the parent), parent of Mr/Ms. _____ (Name of the
candidate), do here by under-take to pay KNR University of Health Sciences, a sum of Rs.20,00,000.00/-
(Rupees Twenty lakhs only) in case of discontinuation of MBBS Course after joining or after the date of
announcement of second phase of admissions by my son/daughter and I am aware that my
son/daughter will be debarred for three years for admission into MBBS/BDS course in the state of
Telangana besides payment of Rs.20,00,000/- (Rupees Twenty lakhs only) towards forfeiture of the
bond in accordance to the G.O.Ms.No. 125,126 and 127 HM&FW Dept. Dated: 22.09.2022.

Signature of the Parent

Witnesses:

1)

2)

(TO BE FILLED BY TWO SURETIES)

(1.) In consideration of the Surety Bond executed by the student (Mr./Ms.

_____ Son of /daughter of _____
resident of _____ in favor of The Registrar, KNRUHS, Warangal and the Principal
of Government Medical College, Kamareddy to a sum of Rs.20,00,000/-only
(Rupees Twenty lakh only),

I _____ hereby stand as surety, jointly and severally, for the payment of the said
amount on the terms mentioned above. In case the student fails to pay on demand a
sum of Rs.20,00,000/-only (Rupees Twenty lakhs only), I, the said surety, shall,
without any objection, pay the said due amount to the Government Medical College,
Kamareddy on demand.

I the said surety do solemnly affirm that I am solvent to the extent of the amount of surety
and I have been regularly filing income tax return.

Signature.....
Name of the Surety.....
Present Address:.....
.....Pin.....
Permanent Address:.....
.....Pin.....
Aadhaar No.:.....
PAN No.
Mobile No.:.....

(2.) In consideration of the Surety Bond executed by the student (Mr./Ms.

_____ Son of /daughter of _____
resident of _____ in favor of The Registrar, KNRUHS, Warangal and the Principal
of Government Medical College, Kamareddy to a sum of Rs.20,00,000/-only
(Rupees Twenty lakh only),

I _____ hereby stand as surety, jointly and severally, for the payment of the said
amount on the terms mentioned above. In case the student fails to pay on demand a
sum of Rs.20,00,000/-only (Rupees Twenty lakhs only), I, the said surety, shall,
without any objection, pay the said due amount to the Government Medical College,
Kamareddy on demand.

I the said surety do solemnly affirm that I am solvent to the extent of the amount of surety
and I have been regularly filing income tax return.

Signature.....
Name of the Surety.....
Present Address:.....
.....Pin.....
Permanent Address:.....
.....Pin.....
Aadhaar No.:.....
PAN No.
Mobile No.:.....

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STAMP PAPERS OF RS.100/-)

UNDERTAKING

I,,
(Candidate name)

S/o / D/o....., bearing UG NEET 2024 Rank

No

and

I,,
(Parent Name)

F/o, bearing UG NEET 2024 Rank No

.....

hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into UG Medical Courses for the Academic Year 2024-25 in Colleges affiliated to KNR University of Health Sciences. 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 KNR University of Health Sciences.

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: