

**INDIRA GANDHI MEDICAL COLLEGE & RESEARCH INSTITUTE
AGREEMENT BOND FORM FOR CANDIDATES ADMITTED FOR**

PG (MD/MS) COURSE FOR ACADEMIC YEAR 2019 – 2020

FORMAT OF BOND
(FOR PG-MEDICAL STUDENTS)

(To be executed on Stamp Paper of the value as applicable under Stamp Duty Act.)

KNOW ALL MEN BY THESE PRESENTS THAT I, Dr. _____
Son/Daughter/Wife of _____ residing at (Residential Address)
(herein after called the Bounden) and (1) Dr. _____
(hereinafter called 'the sureties') do hereby bind ourselves and each of us and our respective
heirs, executors and administrators of Indira Gandhi Medical College & Research Institute,
Government of Puducherry undertaking (hereinafter referred to as 'the IGMC&RI') jointly and
severally to pay to the IGMC&RI on demand the total amount of ₹10,00,000/- (Rupees ten
lakhs only) with interest @ 15% towards failure to fulfill the obligation/ for violation of the
condition here-in-after mentioned.

Signed this _____ day of _____ in the year _____
by the bounden Dr. _____.

Signature

In the presence of Witness*:

1. _____
(Name & Address with official seal)

1. Signed by bounden (Name & Address)
PAN _____

2. _____
(Name & Address)

2. Signed by Dr. _____
(the Surety) (Residential Address is
compulsory**) PAN _____

WHEREAS the Bounden Dr. _____ has been selected to
undergo _____ (here enter the name of the course of
study) on the basis of merit Central/State Holder in IGMC&RI, Government of Puducherry
undertaking, for a period of duration of Course.

AND WHEREAS the Institute have agreed to incur the stipendiary expenses on
condition that after successful completion of the course of study the bounden shall serve
IGMC&RI/Government of Puducherry, as the case may be, for a period of three years
anywhere in the Union Territory of Puducherry and also subject to the terms and conditions
hereinafter appearing and the bounden and the sureties have agreed to the same.

Now the condition of the above written obligation is that in the event the Bounden discontinues the study or after completion of the Course of study to which he/she as selected, fails to serve in the IGMC&RI/Government of Puducherry for the period of three years, the Bounden and/or Sureties shall forthwith pay to the IGMC&RI on demand the total amount of ₹10,00,000/- (Rupees ten lakhs only) with interest @15% towards failure fulfill the obligation. The Bond is legally binding on the bounden and the sureties and upon the payment of such sum the above written obligation shall be void and of no effect otherwise this shall remain in full force and effect:

PROVIDED further that the bounden and the sureties do hereby agree that if the Bounden discontinues the study or after completion of the PG (MD/MS) Course of study to which he/she was selected, fails to serve if required, at/in IGMC&RI/Government of Puducherry for a period of three years, it may be construed as professional misconduct and the fact reported to the Medical Council of India and/or of the Medical Council of the State concerned for suitable action including cancellation of Registration by the Council.

PROVIDED further that the bounden and the sureties do hereby agree that all sums found due to the IGMC&RI under or by virtue of this bond shall be recovered individually/jointly and severally from them or through their properties movable and immovable as if such dues were arrears of land revenue under the provisions of the Revenue Recovery Act for the time being in force or in such other manner as the Institute may deem fit.

PROVIDED further that it is not necessary for the IGMC&RI to sue the bond holder before taking action on the surety, under this bond and the liabilities of the sureties is co-extensive with that of the Bounden and shall not be affected by IGMC&RI giving time or any other indigence to the bounden or by the IGMC&RI varying of the terms and conditions herein contained.

Signed this _____ day of _____ in the year _____ by the bounden Dr. _____.

Signature

In the presence of Witness*

1. _____
(Name and address with official seal)

2. _____
(Name and address)

1. _____
Signed by bounden (Name & Address)

2. Signed by Dr. _____
(The Surety) (Residential Address is compulsory**)

* Dean / Administrative Officer of IGMC&RI will sign as witness.

** Proof of Residential Address of Bounden and Surety is to be obtained.