

BOND INFORMATION AS PER GOVERNMENT OF KARNATAKA

ANNEXURE-4

[BOND RS.300/-]

I Dr. _____ aged _____ S/o D/o _____

At.Post: _____ Taluk _____ Present Resident of _____

Taluk _____ hereby swear on oath as follows:

1. That I am admitted to KIMS College for PG/Board- speciality/Degree/Diploma in Psychiatry (mention the subject) under All India quota.
2. I am submitting the bond after reading and fully understanding the Karnataka Compulsory service by candidates completed Medical course act 2012 and its amendment dated: 22-09-2017.
3. I state that I have admitted under non-in service State quota/ All India quota.
4. I understand that all the candidates (other than the candidates who have undergone compulsory rural service after award of MBBS degree) who take admission to PG Medical Degree/Diploma courses and successfully complete the Post Graduate Degree/ Diploma shall under go one-year compulsory service training by the candidates completed medical courses (counselling, allotment, and certification) as per Karnataka Compulsory Service Act 2012 as amended in 22-09-2017 and rules there under to the said act.
5. I am fully aware of the fact that the candidates will be entitled to only temporary registration till completion of such service. I shall be abide voluntarily to the said condition.

Date:

Deponent Signature

Name: _____

Address : _____

Mobile No: _____

E-mail ID : _____

PERSONAL DETAILS

(Needs to be submitted by the Candidate along with the bond)

Sl No	Particulars	To be filled by the Candidates
1	Name	
2	Age with date of birth	
3	Fathers Name	
4	Mothers Name	
5	Present Address	
6	Permanent Address	
7	Contact Number of the Candidate Mobile Landline	
8	Contact No. Of Parent/ Guardian/ reference of candidate to contact in case of emergency	
9	E-mail ID	
10	Aadhar No	
11	State Medical Registration No. State	
12	All NEET Rank	
13	KEA/State Neet Rank	
14	Admission order Details	
15	Name of the College to which candidate is admitted	
16	UG/ Super Speciality/ PG Degree / Diploma	
17	Discipline/ Subject	
18	Details of the reservation quota under which candidate is admitted	

Date:

Deponent Signature

Name: _____

Address : _____

Mobile No: _____

E-mail ID : _____

BOND INFORMATION AS PER GOVERNMENT OF KARNATAKA

ANNEXURE-4 -A

[BOND RS.200/-]

UNDERTAKING AS REQUIRED UNDER RULE 15151 OF THE KARNATAKA CONDUCT OF ENTRANCE TEST FOR SELECTION AND ADMISSION TO THE POST-GRADUATE MEDICAL AND DENTAL DEGREE AND DIPLOMA COURSES RULES, 2006 FOR CLINICAL SUBJECTS IN MEDICAL / DENTAL COURSES.

I DR. _____ S/o. _____
Aadhar no. _____ PAN No. _____ permanent resident
of A/p : _____ and presently A/
p : _____ (herein after referred to as BOUNDEN) do hereby
swear on oath as follows:-

- 1) That I am admitted to 'Government'/'Government-quota' seat for 'All India quota' /'statequota' in KIMS college for post-graduate medical / dental degree/ diploma in **Psychiatrist** during the centralized counselling for admission to post-graduate courses-2018.
- 2) I am aware of the fact that the Fees for 'Government'/'Government-quota' seat is highly subsidized, I shall be under an obligation to serve the State of Karnataka for a minimum period of three years after completion of my post-graduate course as required under rule 15(5) of the Karnataka Conduct Of Entrance Test For Selection And Admission to the Post-Graduate Medical and Dental Degree and Diploma Course Rules, 2006. After reading and fully understanding the above mentioned Rules, I have opted for the 'Government'/'Government-quota' seat.
- 3) In compliance with the above Rule 15(5), I hereby furnish the undertaking voluntarily, with my free will that I shall abide by the condition to serve the Government of Karnataka for a period of three years after completion of my post-Graduate course in any location decided by the Government of Karnataka, and that If I fail to comply with undertaking, myself and/ or my sureties mentioned below do hereby bind ourselves and each of us, our and each of heirs, executors and administrators jointly and severally to pay to the Governor of Karnataka on demand, we shall pay a penalty of Rs. 25.00 Lakh (RUPEES TWENTY FIVE LAKH ONLY) for post-graduate diploma to the Government and only after payment of penalty, I shall collect my original documents which are in the custody of the Institution.
- 4) I am enclosing the details of two sureties along with their self- attested copies of PAN card Aadhar card.

Signed this day of 10th Day of May 2018 by the Bounden

DETAILS OF SURETIES

1. Name : _____
S/o, D/o, W/o : _____
Aged : _____ Years, having Aadhar No _____
PAN No _____ Permanent resident of _____

And presently residing at _____

2. Name : _____
S/o, D/o, W/o : _____
Aged : _____ Years, having Aadhar No _____
PAN No _____ Permanent resident of _____

And presently residing at _____

BOUNDEN

SURETIES

- 1.
- 2.

WITNESS

- 1.
- 2.

Date:

Deponent Signature

Name: _____

Address : _____

Mobile No: _____

E-mail ID : _____

Annexure-I

AFFIDAVIT BY THE STUENT

1. I, _____ father of Dr. _____, have been admitted to KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI have received a copy of UGC regulations of curbing the menace of raging in higher Educational Institution, 2009 [hereinafter called the “ Regulations “] carefully read and fully understood the provisions contained in the said regulations:
2. I have in particular, perused clause 3 of the regulations and I am aware as to what constitutes raging.
3. I have also in particular perused clause 7 and clause 9.1 of the regulations and I am fully aware of the penal and administrative action i.e., liable to be taken against to my ward in case, he/she is found guilty of or abetting raging, actively or passively or being part of a conspiracy to promote raging.
4. I hereby solemnly aver and undertake that:
 - a. I will not indulge in any behavior or act that may be constituted as raging under clause 3 of the regulations.
 - b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as raging under clause 3 of the regulation.
5. I hereby affirm that, if found guilty of raging, my ward is liable for punishment according to clause 9.1 of the regulations without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
6. I hereby declare that, my ward has not been expelled or debarred from admission in any institution on account of being found guilty of, abetting or being part of conspiracy to promote raging and further affirm that, in case the declaration is found to be untrue, admission of my ward is liable to be Cancelled.

Declared this _____

Signature of Deponent /Name and Address/Date/Mobile No:

VERIFICATION

Verified the contents of this affidavit are true to the best of my knowledge and no part of this affidavit is false and nothing has been concealed or misstated therein .

Verified at _____ on this _____

Signature of Deponent /Name and Address/Date/Mobile No:

Solemnly affirmed and signed in my presence on this _____ after reading the contents of this affidavit.

Annexure-II

AFFIDAVIT BY THE PARENT / GUARDIAN

I, _____ father of Dr. _____, have been admitted to KARNATAKA INSTITUTE OF MEDICAL SCIENCES, HUBLI have received a copy of UGC regulations of curbing the menace of ragging in higher Educational Institution, 2009 [hereinafter called the “ Regulations “] carefully read and fully understood the provisions contained in the said regulations:

2. I have in particular, perused clause 3 of the regulations and I am aware as to what constitutes ragging.

3. I have also in particular perused clause 7 and clause 9.1 of the regulations and I am fully aware of the penal and administrative action i.e., liable to be taken against to my ward in case, he/she is found guilty of or abetting ragging, actively or passively or being part of a conspiracy to promote ragging.

4. I hereby solemnly aver and undertake that:

a. I will not indulge in any behavior or act that may be constituted as ragging under clause 3 of the regulations.

b. I will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the regulation.

5. I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1

of the regulations without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.

6. I hereby declare that, my ward has not been expelled or debarred from admission in any institution on account of being found guilty of, abetting or being part of conspiracy to promote ragging and further affirm that, in case the declaration is found to be untrue, admission of my ward is liable to be

Cancelled.

Declared this _____

Signature of Deponent /Name and Address/Date/Mobile No:

VERIFICATION

Verified the contents of this affidavit are true to the best of my knowledge and no part of this affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ on this _____

Signature of Deponent /Name and Address/Date/Mobile No:

Solemnly affirmed and signed in my presence on this _____ after reading the contents of this affidavit.