

I Dr _____ S/O, D/O _____

Selected for Post Graduate Degree(MD/MS) course in the subject of selected for the academic year 2019-20, do hereby undertake to complete the said course as per the requirements of Dr NTR University of Health Sciences. In the event of my leaving the studies after the joining and before completion of the course, I undertake to pay to the Dr NTR University of Health Sciences a sum of Rs.3,00,000/- (Rupees three lakhs only) and the refund the amount received as stipend till the date of leaving the course.

Signature of the candidate.

Date :

Witness :

1.Signature :

Name and address in full

2.Signature :

Name and address in full

Surities :

1. Signature :

Name and address and full

2. Signature :

Name and address and full

N.B.: 1.The bond format shall be type non judicial stamped paper of Rs.100/-.

2.Sureties should be of two permanent Gazetted Officers of Government.