

**AGREEMENT CUM BOND FOR ADMISSION TO POST GRADUATE M.D.S. PROGRAM OF THE GOA UNIVERSITY IN THE GOA DENTAL COLLEGE AND HOSPITAL.**

This AGREEMENT made at Bambolim this day of \_\_\_\_, month\_\_\_\_, year \_\_\_\_ between the Governor of Goa (hereinafter called the “Government”) of the One Part and **DR. XXXXXXXXXXXXXXXX** , daughter/son of Shri XXXXXXXXXXXXX, resident of YYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYYY, (hereinafter called the “Students”) of the other Part.

WHEREAS the Government has agreed to admit the student for a program leading to the Master of Dental Surgery in the Goa Dental College and Hospital of the Government for the first term of the academic year 2017-2018 (hereinafter called the “said program”).

AND WHEREAS it has been agreed by and between the parties hereto that the student, after completion of the said program, shall serve the Government for a period of five years on the terms and conditions hereinafter contained, and may be placed anywhere in the State of Goa, or outside the State of Goa within the country including defence service

**NOW, THEREFORE THESE PRESENTS WITNESSETH and the parties hereto mutually agree as follows.**

1) The student shall, on completion of the said program, submit himself/herself to the Government and shall serve the Government in any capacity as deemed fit by the Government for a period of five years in case her/his services are required by the Government commencing within 6 months from the date of being eligible for the award of the Master of Dental Surgery degree until her/his services are terminated as hereinafter provided.

2) Her/his service in any capacity may be terminated by the Government as deemed fit:

(i) by the Government or its Authorized Officers, without any previous notice, if the Government is satisfied on Medical evidence, that She/He is unfit and is likely for a considerable period to continue being unfit by reason of ill-health for the discharge of her/his duties. PROVIDED ALWAYS that the decision of the Government that She/He is unfit and likely to continue being unfit shall be conclusive and binding on him/her. In this case, THESE AGREEMENT shall be void and of no effect;

(ii) by the Government or its Authorized Officers, without any previous notice, if She/He is found guilty of any insubordination, intemperance or other misconduct or any breach or non-performance of any of the provisions of this Agreement or of any rules pertaining to the Institution where She/He may from time to time, be placed by the Government.

(iii) by thirty days notice in writing given at any time during service under this Agreement by the Government or its Authorized officers to him/her without assigning any cause. In this case, THIS AGREEMENT shall stand terminated forthwith; PROVIDED ALWAYS that the Government may in lieu of any notice herein provided for, give the him/her a sum equivalent to the amount of her/his salary for thirty days or shorter notice than thirty days if it pays to him/her a sum equal to the amount of her/his salary for the period by which such notice falls short of thirty days. The term "Salary" for the purpose of this Agreement shall mean the salary She/He would be receiving under this Agreement.

(3) If She/He is suspended from duty in connection with any investigation into her/his conduct She/He shall not be entitled to any salary during such period of suspension, but shall be entitled to receive subsistence allowances at such rate as the Government may deem fit.

(4) She/He shall devote her/his whole time to the duties of the said services and shall not engage directly or indirectly, in any trade, business, occupation, or profession (including any private practice) on her/his own account and shall not (except in case of accident or sickness certified by competent Medical Authority) absent himself/herself from the said duties without having first obtained permission from the Government or its Authorized Officers.

(5) The Students shall not, except as provided in this Agreement, resign without completing the said program to which She/He has been admitted by the College/University and in case of default, the student shall be liable to pay a sum of Rs. 5,00,000/- (Rupees Five Lakhs only), to the Government as compensation besides forfeiture of her/his fees or/and deposit paid to the Goa Dental College & Hospital by the Student.

(6) She/He shall carry out all the duties and responsibilities assigned to him/her by the Government or its Authorized Officers, from time to time, in the interest of efficient patient care and running of the Goa Dental College and Hospital. The decision of the Government or its authorized officers as to whether She/He has satisfactorily carried out all the duties and responsibilities as aforesaid shall be final and binding on them.

(7) Period of service when called upon to serve in any capacity as stated above, shall ordinarily be for five years upon being eligible for the award of the Master of Dental Surgery (M.D.S) Degree awarded by the Goa University to which the Goa Dental college and Hospital is affiliated. Period of service shall solely be determined by the Government and the Student be called to serve within a period of six months after completion of the aforesaid course.

(8) At the end of the satisfactory completion of the service for the period of the Agreement, this Agreement shall come to an end and provisions hereof shall cease to have effect in favour of him/her.

(9) If and whenever any part of the sum payable by the Student under this Agreement shall be in arrears, the same shall be recoverable from the student as an arrears of land revenue in accordance with the provisions of the Goa Land Revenue Code, 1968 (Act 9 of 1969), and the rule made thereunder.

(10) The stamp duty payable on these presents shall be borne by the Student.

IN WITNESS WHEREOF THE parties hereto have hereunto set their hands the day and year first hereinabove written.

IN THE PRESENCE OF (WITNESSES)

For and on behalf of the Governor of Goa

Witness:- (1) \_\_\_\_\_  
(Full Name and Address)  
\_\_\_\_\_  
\_\_\_\_\_

Signed and delivered by:-

\_\_\_\_\_  
(Student)

(2) \_\_\_\_\_  
(Full Name and Address)  
\_\_\_\_\_  
\_\_\_\_\_

Dr. Ida Ataide  
Name of the Dean

\_\_\_\_\_  
Signature of the Dean, GDCH

Dated:- \_\_\_\_\_