



**KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES,
TELANGANA:: WARANGAL
MBBS/BDS ADMISSIONS 2020-21**

PROFORMA FOR BOND MBBS/BDS (ON NON-JUDICIAL STAMP PAPER FOR Rs.100/-)

I, Mr/Ms. _____ S/o: _____ D/o:

_____ selected for MBBS/BDS Course for 2020-21
do hereby undertake to complete the course as per the regulations of Kaloji Narayana Rao University of Health Sciences and in the event of my discontinuing the studies after joining the course after the last date for free exit for admissions of CQ/MQ as notified by University, I undertake to pay the University a sum of Rs. 3,00,000/- (Rupees Three Lakhs only).

Signature of the Candidate

I, Mr/Mrs. _____ parent of
Mr/Ms. _____ do hereby undertake to pay Kaloji Narayana Rao University of Health Sciences, a sum of Rs. 3,00,000/- (Rupees Three Lakhs only) in case of discontinuation of MBBS/BDS Course after joining by my Son/Daughter after the last date for free exit for admissions of CQ/MQ as notified by University.

Date:

Signature of Parent

Witness

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.



**KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES,
TELANGANA:: WARANGAL**

MBBS/BDS ADMISSIONS 2020-21 UNDER MANAGEMENT QUOTA

DECLARATION BY CANDIDATE / PARENT ON NON-JUDICIAL STAMP PAPER FOR Rs.10/-

I, Mr/Ms. _____ S/o:D/o:

_____ selected for MBBS/BDS Course for the year 2020-21 under Management Quota declare that I am not admitted in any other Medical College in the country as on today. I am not a part of any seat blocking procedure. I will not discontinue the course without valid seat allotment at a later date in other college. In case of any discrepancy I am liable for legal action by KNR University of Health Sciences and Government and cancellation of seat.

Signature of the Candidate

I, Mr/Mrs. _____ parent of
Mr/Ms. _____ selected for MBBS/BDS Course for the year 2020-21 under Management Quota declare that my son/daughter is not admitted in any other Medical College in the country as on today. My son/daughter is not a part of any seat blocking procedure. Candidate will not discontinue the course without valid seat allotment at a later date in other college. In case of any discrepancy we are liable for legal action by KNR University of Health Sciences and Government and cancellation of seat.

Date:

Signature of Parent

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON- JUDICIAL STAMP PAPERS OF RS.100/-)

UNDERTAKING

I,

(Candidate name)

S/o / D/o....., bearing UG NEET 2020 Rank

No

and

I,

(Parent name)

F/o bearing UG NEET 2020 Rank No

.....

hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into UG Medical and Dental Courses for the Academic Year 2020-21 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: