

(NON-JUDICIAL STAMPED PAPER FOR RS.100/-)

SURETY - CUM - AGREEMENT BOND

I, Dr. _____ with Permanent Medical Council Registration No. _____, Date _____ of AP/TS Medical Council selected for P.G [Degree/Diploma] Course in _____ at Kamineni Institute of Medical Sciences, Narketpally for the year 2020-21 under Management Quota / Govt. Quota, do hereby undertake to complete the said course as per the requirements of the KNR University of Health Sciences, Warangal and as per the norms of the management of Kamineni Institute of Medical Sciences, Narketpally, in the event of my leaving the studies in the mid-term. I undertake to pay to the Kamineni Institute of Medical Sciences, Narketpally for the remaining period Tuition fee of Rs. _____ [Rupees _____].

Further I undertake that I will work as Tutor / Junior Resident in my department in Kamineni Institute of Medical Sciences, Narketpally. I will attend all the inspections of Medical Council of India, New Delhi & KNR University of Health Sciences, T.S., Warangal to be held in future in Kamineni Institute of Medical Sciences, Narketpally, till the completion of my course.

Signature of the Candidate

Date:

Witnesses:

1. Signature :
Name & Address :

2. Signature :
Name & Address :