

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

UNDERTAKING

I, Mr/Ms. _____
S/o:D/o: _____ selected for MBBS Course for
2020-21 do hereby undertake to complete the course as per the regulations of Kaloji
Narayana Rao University of Health Sciences, T.S. Warangal 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, T.S. Warangal a sum of Rs.3,00,000/-
(Rupees Three Lakhs only) in case of discontinuation of MBBS 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.