

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT
BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR

I, _____ (NAME OF THE CANDIDATE) S/O: D/O:
_____ (NAME OF THE PARENT) SELECTED FOR MBBS/BDS COURSE DO
HEREBY UNDERTAKE TO COMPLETE THE COURSE AS PER THE REQUIREMENTS OF KNR UNIVERSITY OF
HEALTH SCIENCES, TELANGANA, WARANGAL. IN THE EVENT OF MY DISCONTINUING THE STUDIES AFTER
JOINING THE COURSE OR AFTER THE DATE ANNOUNCEMENT OF PHASE OF ADMISSIONS, I
UNDERTAKE TO PAY KNR UNIVERSITY OF HEALTH SCIENCES, A SUM OF RS. 20,00,000/- (RUPEES TWENTY
LAKHS ONLY) AND I AM AWARE THAT I WILL BE DEBARRED FOR THREE YEARS FOR ADMISSION INTO
MBBS/BDS COURSE IN THE STATE OF TELANGANA BESIDES PAYMENT OF RS. 20,00,000/- (RUPEES TWENTY
LAKHS ONLY) TOWARDS FORFEITURE OF THE BOND IN ACCORDANCE TO THE G.O.MS. NO. 125,126 AND
127, HM&FW DEPT. DATED: 22.09.2022.

Signature of the Candidate

I, _____ (NAME OF THE PARENT), PARENT OF
MR./MS. _____ (NAME OF THE CANDIDATE), DO HEREBY
UNDERTAKE TO PAY KNR UNIVERSITY OF HEALTH SCIENCES, A SUM OF RS. 20,00,000/- (RUPEES TWENTY
LAKHS ONLY) IN CASE OF DISCONTINUATION OF MBBS/BDS COURSE AFTER JOINING OR AFTER THE
DATE OF ANNOUNCEMENT OF PHASE OF ADMISSIONS BY MY SON/DAUGHTER AND I AM
AWARE THAT MY SON/DAUGHTER WILL BE DEBARRED FOR THREE YEARS FOR ADMISSION INTO
MBBS/BDS COURSE IN THE STATE OF TELANGANA BESIDES PAYMENT OF RS. 20,00,000/- (RUPEES
TWENTY LAKHS ONLY) TOWARDS FORFEITURE OF THE BOND IN ACCORDANCE TO THE G.O.MS. NO. 125,126
AND 127, HM&FW DEPT. DATED: 22.09.2022.

DATE:

SIGNATURE OF THE PARENT

WITNESS

1. SIGNATURE:
NAME AND ADDRESS IN FULL.

2. SIGNATURE:
NAME AND ADDRESS IN FULL.

NOTARY