

**UNDERTAKING IN CASE OF DISCONTINUATION**  
**(Non-Judicial Stamp paper for Rs. 100/-)**  
**(FOR ALL CANDIDATES)**

I, Dr. \_\_\_\_\_ with Permanent Medical Council Registration No. \_\_\_\_\_, Date \_\_\_\_\_ of \_\_\_\_\_ Medical Council selected for P.G Degree/Diploma Course in \_\_\_\_\_ at SURABHI INSTITUTE OF MEDICAL SCIENCES, Vill: Mittapally, Mdl & Dist: Siddipet, T.S.-502375 for the year 2023-24 Under Competent Authority Quota / Management Quota, do hereby undertake to complete the said course as per the requirements of the KNR University of Health Sciences, Warangal and also as per the norms of the Management of SURABHI INSTITUTE OF MEDICAL SCIENCES, Vill: Mittapally, Mdl & Dist: Siddipet, T.S.-502375. In the event of my discontinuation the studies in the mid-term for any reason, I undertake to pay to the SURABHI INSTITUTE OF MEDICAL SCIENCES balance fees for the remaining period.

Further, I also undertake that I will work as Tutor / Junior Resident / for a period one year to serve as Senior Resident in my department at **Surabhi Institute of Medical Sciences, Mittapally, Siddipet** after successful completion of the PG course and I will attend all the Inspections of National Medical Commission, New Delhi and KNR University of Health Sciences, T.S , Warangal to be held in future in in SURABHI INSTITUTE OF MEDICAL SCIENCES, Vill: Mittapally, Mdl & Dist: Siddipet, T.S.-502375 till the completion of my course.

**Date:**  
**Place: Siddipet**

**Signature of the Candidate**

**Witness:**

**Signature of the Parent**

1. Signature:  
Name and address

2. Signature:  
Name and address