

## **KNRUHS DISCONTINUATION BOND**

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

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC  
YEAR 2024-25

I, \_\_\_\_\_ (Name of the candidate) S/o, D/o \_\_\_\_\_ (Name of the parent), Selected for MBBS/BDS Course do hereby under take to complete the course as per the requirement of KNR University of Health Sciences, Telangana, Warangal. In the event of my discontinuing the studies after joining the course or after the date of announcement of second phase of admissions, I under take 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 here by under-take to pay KNR University of Health Sciences, a sum of Rs.20,00,000.00/- (Rupees Twenty lakhs only) in case of discontinuation of MBBS Course after joining or after the date of announcement of second 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.

### **Signature of the Parent**

#### **Witnesses:**

- 1)
- 2)

NOTARY

**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  
2024 Rank No \_\_\_\_\_

and

I, \_\_\_\_\_ (Parent name) F/o \_\_\_\_\_, bearing UG NEET 2024 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 2024-25 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**  
**Candidate**  
Aadhar No.

**Signature of the**

Address :  
Date:

Place:

NOTARY

**MBBS/BDS ADMISSION 2024-25 UNDER MANAGEMENT QUOTA**

**DECLARATION BY CANDIDATE / PARENT ON NON-JUDICIAL STAMP PAPER FOR RS.100/-**

I, Mr./Ms, \_\_\_\_\_ S/o, D/o, \_\_\_\_\_ selected for MBBS/BDS Course for 2024-25 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 Science 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 2024-25 under Management Quota declare that my son/daughter is not admitted in any other Medical College in the county 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 I am liable for legal action by KNR University of Health Science and Government and cancellation of seat.

Date:

**Signature of Parent**

NOTARY