



**KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES,
TELANGANA:: WARANGAL
MBBS/BDS ADMISSIONS 2020-21**

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

I, Mr/Ms. _____ S/o: _____ D/o:

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