

Form – II

FORMAT OF UNDER TAKING BY THE PARENTS/GUARDIAN OF THE CANDIDATE/STUDENT

1. I _____
_Father/Mother/Guardian of Mr./Mrs./Ms _____
_admitted to the course of _____) at Government
Medical College, Khammam with Admission number affiliated to Kaloji Narayana Rao University
of Health Sciences, hereby declare that, I have received a copy of the National Medical
Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions)
regulations, 2021(Herein after referred to as the said regulations).
2. I have carefully read and fully understood the provisions in the said regulations.
3. I have particularly perused the provisions of regulations 3. And 4. of the said
regulations and have fully understood what constitutes ragging.
4. I have also in particular perused the provisions of chapter IV and read and understood the
administrative and penal actions that may be taken against my son / daughter / ward in case
he / she is found guilty of ragging or a abetting ragging actively or passively or being part
of conspiracy to promote ragging.
5. There by undertake that my son/daughter/ward
 - (i). Will not indulge in any behavior or act that may come under the definitions of
ragging as may be constituted under regulation 3. of the said regulations.
 - (ii). Will not participate in or abet or propagate ragging in any form included but not limited to
those that may be constituted under regulation 3. of the said regulations. (iii). Will not hurt
anyone physically or psychologically or cause any other harm.
6. I hereby agree that my son / daughter / ward is found guilty of any aspect of ragging ,he /
she may be punished as per the provisions of the said regulations or as per the applicable
laws for the time being in force.
7. I also declare that he / she have never been found to be guilty of ragging or abetting
ragging, actively or passively, or being part of conspiracy to promote ragging and have
never been punished in any manner for these offences and further affirm that if these
declaration is incorrect or false, his / her admissions is liable to be cancelled/ withdrawn.
Signed on this _____ day of _____ month of _____ year.

Signature

Name of the Parent / Guardian Address

Phone no. :

Witness I
Name and Signature
Address :

Witness II
Name and Signature
Address:

KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES WARANGAL – 506002

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2023-24

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 requirement of KNR University of Health Sciences, Telangana, Warangal. In the event of my discontinuing the studies after joining the course after the date for free exit, I undertake to pay KNR University of Health Sciences, a sum of **Rs. 20,00,000.00/- (Rupees Twenty Lakh only)**.

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. 20,00,000.00/- (Rupees Twenty Lakhs only)** in case of discontinuation of MBBS/BDS Course after joining by my son/daughter.

Signature of the Parent

Permanent address, & Aadhar card

No & Mobile No:

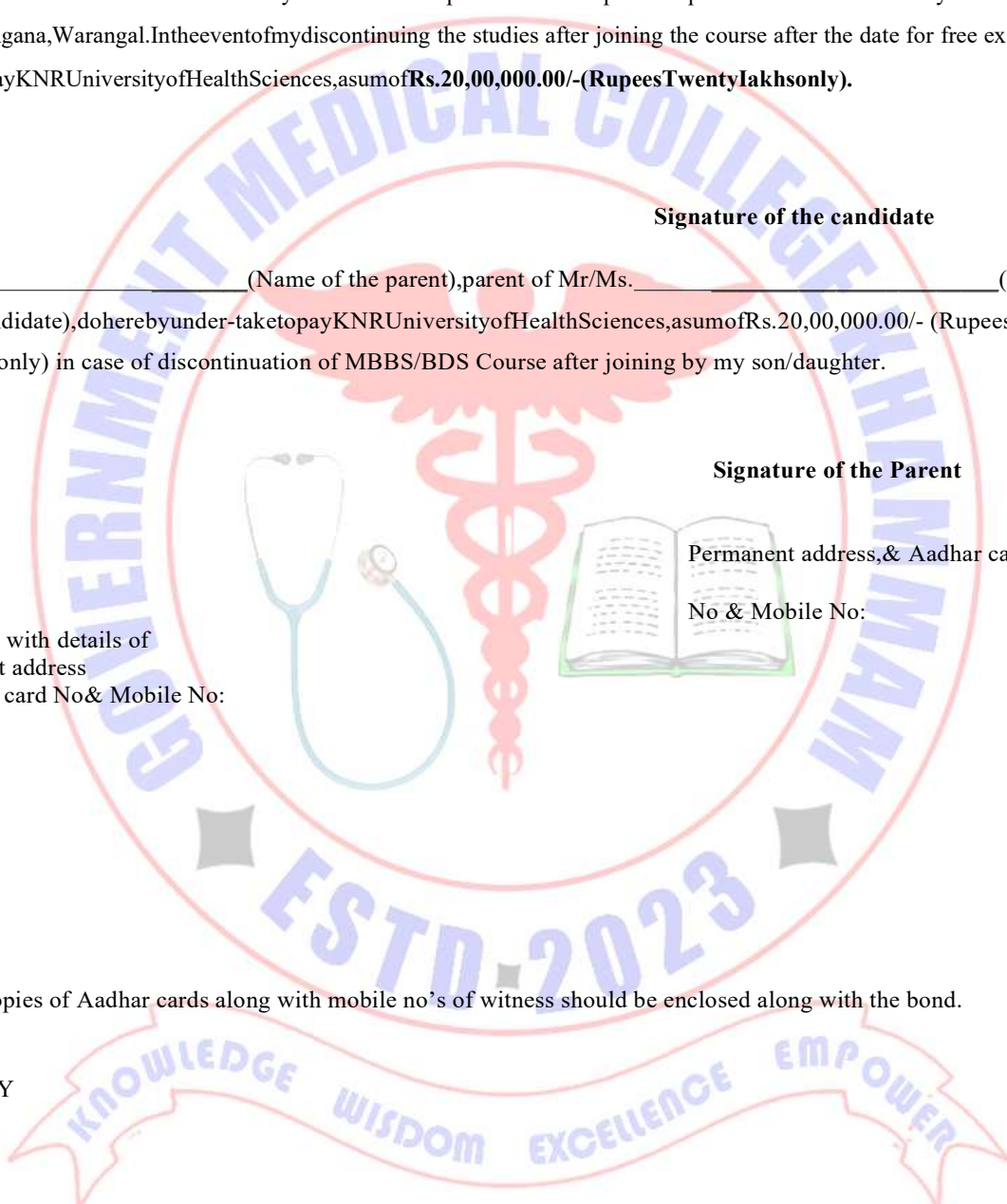
Witnesses with details of
Permanent address
& Aadhar card No & Mobile No:

1.

2.

Xerox copies of Aadhar cards along with mobile no's of witness should be enclosed along with the bond.

NOTARY



(TO BE FILLED BY TWO SURTITIES)

In consideration of the Surety Bond executed by the student (Mr. /Ms. _____) Son of/daughter of _____ resident of _____ in favor of The Registrar, KNRUHS, Warangal and the Director, Govt. Medical College, Khammam to a sum of Rs. 20,00,000/- only (Rupees Twenty lakhs only), I _____ hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs. 20,00,000/- only (Rupees Twenty lakhs only), I, the said surety, shall, without any objection, pay the said due amount to the Govt. Medical College, Khammam on demand.

I the said surety do solemnly affirm that I am solvent to the extent of the amount of surety and I have been regularly filing income tax return.

Signature
Name of the Surety.....
Present Address:
.....Pin.....
Permanent Address:.....
.....Pin.....
Aadhaar No.:
PAN No.
Mobile No.:

In consideration of the Surety Bond executed by the student (Mr. /Ms. _____) Son of/daughter of _____ resident of _____ in favor of The Registrar, KNRUHS, Warangal and the Principal or, Govt. Medical College, Khammam to a sum of Rs. 20,00,000/- only (Rupees Twenty lakhs only), I _____ hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs. 20,00,000/- only (Rupees Twenty lakhs only), I, the said surety, shall, without any objection, pay the said due amount to the Govt. Medical College, Khammam on demand.

I the said surety do solemnly affirm that I am solvent to the extent of the amount of surety and I have been regularly filing income tax return.

Signature
Name of the Surety.....
Present Address:
.....Pin.....
Permanent Address:.....
.....Pin.....
Aadhaar No.:
PAN No.
Mobile No.: