COURSE DISCONTINUATION BOND

(Notarized Undertaking / Bond for General and Foreign / NRI Seats) (To be submitted on a Rs. 200 stamp paper purchased in Karnataka)

I, Dr / Mr / Ms	(Name of the Candidate), aged
about years, Son/Daughter of	(Name of the
Parents), resident of	
(permanent / present address of Parent) do hereby s	wear on oath as follows:

I, say that on my own will and along with my parents/guardian, took admission to the as per the DGHS allotment with NEET Roll No..... Dated

In the event of my discontinuation of course due to any reason; I along with my parent / guardian hereby undertake to pay balance tuition and other fees to payable for the entire course without any demur. I also understand that the original documents submitted to the Institute at the time of admission, will be returned to me only after the payment of balance tuition payable for the entire course and other fees.

I Dr/Mr/Ms Son/Daughter of have been informed that after the completion of the MBBS/MD/MS course which I am pursuing in Sri Devaraj Urs Medical College constituent unit of Sri Devaraj Urs Academy of Higher Education and Research, Kolar, I will undertake to honor the statutory regulations of **"The Karnataka Compulsory Service by Candidates Completed Medical Courses Act 2012"**. I am aware of the contents of the said Act and understand that penalty can be imposed on me under Section 6 of the Act for noncompliance with its provisions. I understand that Sri Devaraj Urs Medical College constituent unit of Sri Devaraj Urs Academy of Higher Education and Research, Kolar can choose to retain the original documents submitted by me till I comply with the provisions of the Act.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the day of 2023 at Karnataka state.

Signature of the Candidate

Signature of the Parent / Guardian

UNDERTAKING

I,, S/o...... aged about years admitted to the postgraduate course in during the Academic Year 2023-24, hereby declare that I shall serve this institution for a period of one year after successful completion of the course as per the terms and conditions stipulated by Sri Devaraj Urs Medical College, the constituent college of Sri Devaraj Urs Academic of Higher Education and Research, Kolar.

Signature of the Candidate

Date:

Place:

Signature of the

Parent/Guardian

Name :

Relationship with the candidate : Date:

Witness:-

- 1. Signature:
 - Name :
 - Address :
 - Date :

2. Signature:

Name :

Address :

Date :