

(To be printed on Rs 100/- Non Judicial stamp paper duly notarized)

MALLA REDDY INSTITUTE OF MEDICAL SCIENCES

(GENUINITY BOND)

UNDERTAKING

I, ...(Candidate name)
S/o/ D/o bearing PG NEET 2026
Rank No.....

And

I, ... (Parent Name)
F/o. bearing PG NEET 2026
Rank No.....

hereby give an understand as below, in connection with our claim with regard to certificates submitted for admission into PG Medical Courses for the Academic Year 2026-27 in Malla Reddy Institute of Medical Sciences , a constituent unit of Malla Reddy Vishwavidyapeeth (Deemed to be University). 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 Malla Reddy Institute of Medical Sciences and Malla Reddy Vishwavidyapeeth (Deemed to be University).

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

Signature of the Candidate

Aadhar No.:

Address:

Date:

Place:

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MALLA REDDY INSTITUTE OF MEDICAL SCIENCES

SERVICE BOND

ANNEXURE

I, Dr. _____ selected for Post Graduate Degree MD/MS
_____ Course for the year 2026-27 do hereby under take to
serve the Malla Reddy Institute of Medical Sciences , a constituent unit of Malla
Reddy Vishwavidyapeeth (Deemed to be University), Suraram, Hyderabad,
Telangana by working in Malla Reddy Hospital as a Senior Resident for a period
of one year after successful completion of the PG Degree.

In case, I fail to join as Senior Resident or in case of not completing one year of
service within a maximum period of 18 months, I undertake to pay a sum of
Rs. 15,00,000/- (Rupees Fifteen Lakhs only) for PG Degree Course to Malla Reddy
Institute of Medical Sciences.

Date:

Signature of the Parent / Guardian	Signature of the Candidate
Aadhar No:	Aadhar No:
Name :	Name :
Address:	Address:

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NRI AFFIDAVIT

DECLARATION

(This declaration is to be given by a Student/Parent/Blood Relative (family member) who is seeking admission under NRI category)

I, Mr/Ms _____ (Student Name) NEET PG 2026 Hall Ticket No _____

NEET PG 2026 Rank _____ Son / Daughter of Mr. / Ms. _____

(Father Name) seeking admission into PG Course in NRI category for the academic year 2026-27 into Malla Reddy Institute of Medical Sciences, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)** Hyderabad do hereby declare and state as under:

I declare that I am Son/Daughter/Niece/Nephew/Brother/Sister of Mr./Ms. _____ (NRI Person Name) S/o. (NRI Father Name) R/o. incorporate the complete address of NRI to whom the candidate is related).

I declare that the said family member NRI is paying my fee for my PG course and I further declare that the above facts stated are true and correct and I am liable for any action in the event of concealment of facts. Hence, this declaration.

(Signature of the Candidate)

I, _____ (NRI Person Name) S/o. _____ (NRI

Father Name) here declare and confirm that the above candidate viz., Mr./Ms. _____

(Student Name) is related to me as Son/Daughter/Niece/Nephew/Brother/Sister and I hereby irrevocably agree and undertake to provide finance support to him/her by payment of entire fees and other expenses for pursuing MD/MS Course in Malla Reddy Institute of Medical Sciences, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)** Hyderabad.

Date:

(Signature of the NRI)