PROFORMA FOR BOND MBBS (Rs. 100/- STAMP PAPER with NOTARY)

DISCONTINUATION BOND FOR MBBS COURSE

I, Mr./Ms. _____ (Name of the Candidate), aged about _____ years, S/D/of _____ (Name of the Parent) Resident of _____ (Permanent/ present address of parent) do hereby swear an oath as follows-

I have been selected to the First Professional MBBS course for the academic year 2026-27 at Malla Reddy Institute of Medical Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India a Constituent College of Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank No _____ (All India Rank) I, state that on my own will along with my parents/guardian I am taking admission to the MBBS course at Malla Reddy Institute of Medical Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India as per the DGHS/MCC Provisional Allotment letter dated _____

I, further state that, in consideration of admission to MBBS Course, I shall complete the full MBBS Course (as per DGHS/MCC Norms) and accordingly undertake to pay all the tuition fee and other fees as prescribed by Malla Reddy Institute of Medical Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad / Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad, at the time of starting of my academic year for the subsequent years of my MBBS Degree.

In the event of my discontinuation of MBBS course due to any reason at any point of time after my admission; I along with my parent/guardian hereby undertake to pay the balance tuition fees for the Entire remaining course, any pending fees and other fees which would have accrued in the normal flow of the course Malla Reddy Institute of Medical Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad. I understand that I become liable to pay the whole course fee immediately upon securing a seat and therefore it is equitable to ensure that the total course fees are paid in the event of a premature termination of the course admission. I further undertake that, if in case I discontinue my course for any reason I will not claim for refund of the fees which I have already paid during my admission.

This undertaking is given without any coercion, undue influence, or threat and by my free consent. The contents herein above are read over and understood by me and true to the best my knowledge and belief. I along with my parent/guardian do hereby undertake to act accordingly. This, undertaking is made on the Date: _____ at _____ (Place).

Signature of the Candidate	Signature of the Parent/Guardian
Name of the Candidate	Name of the Parent/Guardian and Relation

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GENUINITY BOND

UNDERTAKING

I, _____ (Candidate name) S/o/ D/o _____ _____ bearing UG NEET 2026 Rank No_____

And

I, _____ (Parent Name) F/o. _____ _____ bearing UG NEET 2026 Rank No_____

hereby give an understand as below, in connection with our claim with regard to certificates submitted for admission into MBBS Course or the academic year 2026-27 at Malla Reddy Institute of Medical Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India a Constituent College of Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad. 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 Vishwavidyapeeth (Deemed to be University), Hyderabad.

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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NRI AFFIDAVIT

Annexure-1

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 UG 2026 Hall Ticket No_____ NEET UG 2026 Rank_____Son / Daughter of Mr./Ms. _____(Father Name) seeking admission into MBBS 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. _____ (here incorporate incorporat 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 MBBS 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 MBBS 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)