

**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 2025-26 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 \_\_\_\_\_ day of \_\_\_\_\_ 2025 at Hyderabad, Telangana.

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

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**ANTI-RAGGING BOND**

**UNDERTAKING BY CANDIDATE / PARENT ON RAGGING**

**UNDERTAKING OF CANDIDATE**

I, Mr/Mr. \_\_\_\_\_ with NEET – 2025 Rank \_\_\_\_\_ Son/Daughter of \_\_\_\_\_ admitted into MBBS course for the academic year 2025-26 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 assure that , I will not indulge in the act of ragging of indiscipline during study period in the college. If violated, the university/college authorities may take appropriate action against me.

**SIGNATURE OF THE CANDIDATE** \_\_\_\_\_

NAME OF THE CANDIDATE:

NAME OF THE PARENT / GUARDIAN:

DATE:

**UNDERTAKING OF CANDIDATE'S PARENT**

I, Sri./Smt. \_\_\_\_\_ Father/Mother of Mr./Ms. \_\_\_\_\_ who is admitted into MBBS course for the academic year 2025-26 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 assure that my son/daughter will not indulge in the act of ragging at any stage during his/her during study period in the colleges affiliated to this University. If violated, I may also be liable for any type punishment along with my son/daughter.

**SIGNATURE OF THE PARENT : FATHER/MOTHER** \_\_\_\_\_

NAME OF THE FATHER / MOTHER :

DATE:

ADDRESS WITH PH. NO.:

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**GENUINITY BOND**

**UNDERTAKING**

I, \_\_\_\_\_ (Candidate name) S/o/ D/o \_\_\_\_\_  
\_\_\_\_\_ bearing UG NEET 2025 Rank No \_\_\_\_\_

And

I, \_\_\_\_\_ (Parent Name) F/o. \_\_\_\_\_  
\_\_\_\_\_ bearing UG NEET 2025 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 2025-26 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:**