

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

**MALLA REDDY INSTITUTE OF MEDICAL SCIENCES  
MD/MS COURSE DISCONTINUATION BOND  
UNDERTAKING/ BOND FOR GENERAL/NRI CATEGORY**

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

I have been selected to the MS/MD course for the academic year 2024-25 at **Malla Reddy Institute of Medical Sciences , Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India** a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad** through the Common Counseling conducted by the Medical Counseling Committee, 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 MD/MS course at **Malla Reddy Institute of Medical Sciences , Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India** as per the MCC/DGHS Provisional Allotment letter dated .....

I, further state that, in consideration of admission to MD/MS Course, I shall complete the full MD/MS Course (as per MCC/DGHS 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 and for the subsequent years of my MD/MS Degree.**

In the event of my discontinuation of MD/MS 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, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)**, 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 and will refund the amount received as stipend up to the date of my discontinuation to the Institution.

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 .....2024 at Hyderabad, Telangana.

<b>Signature of the Candidate</b>	<b>Signature of the Parent/Guardian</b>
Name of the Candidate	Name of the Parent/Guardian and Relation

**MALLA REDDY INSTITUTE OF MEDICAL SCIENCES**

**(GENUINITY BOND)**

**(ON NON-JUDICIAL STAMP PAPERS OF RS.100/- DULY NOTARIZED)  
PROFORMA FOR UNDETKING IN THE FORM OF AFFIDAVIT**

**UNDERTAKING**

I, .....(Candidate name)  
S/o/ D/o ..... bearing PG NEET 2024  
Rank No.....

**And**

I, ..... (Parent Name)  
F/o. .... bearing PG NEET 2024  
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 2024-25 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**

**FEE PAYMENT AFFIDAVIT**

I ..... S/o./D/o. .... admitted into ..... course in the year ..... at Malla Reddy Institute of Medical Sciences , a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)** Suraram, Hyderabad do hereby agree to pay my annual tuition fee on or before the dates mentioned below:-

<b>PG</b>	<b>ACADEMIC YEAR</b>
2 <sup>nd</sup> Year Tuition fee	November 2025
3 <sup>rd</sup> Year Tuition Fee	November 2026

I further promise to strictly adhere to the fee payment schedule mentioned above irrespective of my exam schedule, exam results and any other unforeseen incidences

**Student's Signature**

**Parent's Signature**

**Date:**

## SERVICE BOND

**(NON-JUDICIAL STAMP PAPER FOR RS.100/- DULY NOTARIZED)**

### ANNEXURE-III

I, Dr. \_\_\_\_\_ selected for Post Graduate Degree MD/MS \_\_\_\_\_ Course for the year 2024-25 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:

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

## **NRI AFFIDAVIT**

**(ON NON-JUDICIAL STAMP PAPER OF Rs.100/- duly notarized)**

### **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 2024 Hall Ticket No NEET PG 2024 Rank \_\_\_\_\_ Son / Daughter of Mr. / Ms. \_\_\_\_\_ (Father Name) seeking admission into PG Course in NRI category for the academic year 2024-25 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)**

**(Performa of GAP Certificate if the GAP period is more than 2 years)**

**GOVERNMENT OF TELANGANA  
REVENUE DEPARTMENT**

Lr.No.C/..... 2024

O/o Tahsildar,  
..... Mandal  
Dated.....

**GAP CERTIFICATE**

Based on the report of the Mandal Girdawar and on the strength of Police verification Certificate submitted by the applicant..... D/o. .... R/o. H.No ..... has not studied any course during the 20.... - 20..... (....) year.

To,

Tahsildar,  
..... Mandal

**(Proforma for GAP Certificate if the GAP period is 2 years or less)**

**To be notarized Rs.100/- stamp paper**

**IN THE COURT OF EXECUTIVE MAGISTRATE, .....**

**AFFIDAVIT FOR GAP CERTIFICATE**

I ....., aged.....years, residing at ....., do hereby swear in this affidavit and declare as under :

1. I SAY THAT I have passed MBBS exam in the year ..... from ..... College after which I completed. Then after which I was preparing for NEET PG examination during the year.....
2. I SAY THAT since ..... till date I did not join any educational institution either in..... state or elsewhere in India. I say that from ..... is my Gap period.
3. I execute this Gap Affidavit to put facts on record, and produce the same before the concerned college authorities enable them to record the GAP in any education from ..... on the strength of this GAP Affidavit.

Whatever state here in above is true and correct to the best of my knowledge, belief and information and nothing has been concealed or suppressed in respect hereof.

Solemnly affirmed at ..... on .....

**VERIFICATION**

Verified that the above content are true to the best of my knowledge and belief and nothing in material has been concealed there from the content of the affidavit have been read out to me.

Place:

Date:

**DEPONENT**

**Signed before me**

Witness

1. ....

2. ....