

FOR ALL CANDIDATES KNRUHS DISCONTINUATION BOND

ANNEXURE-II

I, Dr _____ selected for Post Graduate Degree for the year 2023-24 do hereby under take to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to KNR University Health Sciences a sum of Rs. 50,00,000/- (Rupees Fifty Lakhs only) and refund the amount received as stipend up to that date to Government. I am also aware of being ineligible for admission for three years in colleges affiliated to KNRUHS.

Date:

Signature of the Parent / Guardian :	Signature of the Candidate:
Address :	Address :
Witness : Name :	Name :
Address :	Address: