

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

**MALLA REDDY MEDICAL COLLEGE FOR WOMEN
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 Medical College for Women, Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India** a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad** through the Common Counselling conducted by the Medical Counselling 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 Medical College for Women, 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 Medical College for Women, 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 Medical College for Women, 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 theday of2024 at Hyderabad, Telangana

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

MALLA REDDY MEDICAL COLLEGE FOR WOMEN

(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 Medical College for Women, 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 Medical College for Women 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 MEDICAL COLLEGE FOR WOMEN

FEE PAYMENT AFFIDAVIT

I S/o./D/o. admitted into course in the year at Malla Reddy Medical College for Women, 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:-

	For PG
2 nd Year Tuition fee	August 2025
3 rd Year Tuition Fee	August 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 Medical College for Women, a constituent unit of Malla
Reddy Vishwavidyapeeth (Deemed to be University), Suraram, Hyderabad,
Telangana by working in Malla Reddy Narayana Multispeciality 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
Medical College for Women.

Date:

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

(Proforma of GAP Certificate if the GAP period is more than 2 years)
GOVERNMENT OF TELANGANA
REVENUE DEPARTMENT

O/o Tahsildar,
..... Mandal

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

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 years.

Tahsildar,
..... Mandal

To,

(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 UG 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.