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

GENUINITY BOND

UNDERTAKING

I,_____
(Candidate Name)
S/o. / D/o. _____, bearing SS NEET 2025

Hall Ticket Number _____NEET Rank No _____

And

I,_____
(Parent name)
F/o. _____, _____bearing SS NEET 2025

Hall Ticket Number_____ NEET Rank No_____

Here by give an undertaking as below, in connection with our claim with regard to certificates submitted for Admission into SS Medical courses for the Academic year 2025-26 in colleges affiliated to **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 admissions 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

Aadhar No :
Address :

Signature of the Candidate

Aadhar No :
Address :

Date:

Place:

FEE DECLARATION FORM

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 SS
2nd Year Tuition fee	April 2027
3rd Year Tuition Fee	April 2028

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:

SERVICEBOND

(NON-JUDICIALSTAMPPAPERFORRS.100/-DULYNOTARIZED)

ANNEXURE-III

I,Dr._____selected for DM Cardiology

_____ Course for the year 2025-26 do hereby under take to serve the Malla Reddy Medical College for Women, a constituent unit of MallaReddyVishwavidyapeeth(DeemedtobeUniversity),Suraram,Hyderabad, Telangana.by working in Malla Reddy Narayana Multisepeciality Hospital as a Senior Resident for a period of one year after successful completion of the SS.

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 SS Course to Malla Reddy Medical College for Women.

Date:

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

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

DM 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
..... (Per manent/

Present address of parent) do hereby swear an oath as follows-

I have been selected to the DM course for the academic year 2025-26 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 Counseling 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 tothe DM 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 DM Course, I shall completethe full DM 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 SS DM.**

In the event of my discontinuation of DM 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.

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 ……..2026 at Hyderabad, Telangana

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