

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

**MALLAREDDY MEDICAL COLLEGE FOR WOMEN
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 (Permanent/
Present address of parent) do here by swear and oath as follows-

I have been selected to the DM 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 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 complete the 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 my MD/MS Degree.

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 a sum of Rs 5,00,000/- to **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 & will refund the amount received as stipend upto 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.....2025 at Hyderabad, Telangana

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

MALLAREDDYMEDICALCOLLEGEFORWOMEN

(GENUINITYBOND)

(ON NON-JUDICIAL STAMP PAPERS OF RS.100/- DULY NOTARIZED)

PROFORMA FOR UNDETAKING IN THE FORM OF AFFIDAVIT

UNDERTAKING

I,.....(Candidatename)S/o/
D/o bearing NEET SS 2024 Rank
No.....

And

I, (ParentName)F/o.
..... bearing NEET SS 2024 Rank
No.....

hereby give an understand as below, in connection with our claim with regard to certificates submitted for admission into DM 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).

IalsoherebyundertakethatIshallnotenterintoalegal litigation,iftheseatallottedto me is cancelled, for the above reasons.

Signature of the Parent / Guardian

Signature of the Candidate

Aadhar No.:

Address:

Date:

Place:

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

MALLAREDDY 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 SS
2 nd Year Tuition fee	April 2026
3 rd Year Tuition fee	April 2027

I further promise to strictly adhere to the fee payments 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 DM

_____ 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 SS 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 SS 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

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..... years.

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 here by swear in this affidavit and declare

As under:

1. I SAY THAT I have passed MD / MS exam in the year from
..... college after which I completed. Then after
which I was preparing for NEET SS 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 here of.

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 be for me

Witness

1.