

KNRUHS DISCONTINUATION BOND

**PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDVIT
(ON NON- JUDICIAL STAMP PAPERS OF RS.100/-WITH NOTARY)
BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2026-27**

I, Mr/Ms. _____ (Name of the candidate) S/o, D/o _____ (Name of the parent), Selected for MBBS Course 2026-27 do hereby under take to complete the course as per the requirements of KNR University of Health Sciences, Telangana, Warangal. In the event of my discontinuing the studies after joining the course or after the date of announcement of second phase admissions. I Undertake to pay KNR University of Health Sciences, Telangana, Warangal a sum of **Rs. 20,00,000.00/- (Rupees Twenty Lakh only)** towards forfeiture of the bond in accordance to the G.O.Ms.No.125,126 and 127 HM&FW Dept., Dated: 22.09.2022

Signature of the candidate

I, Mr/Ms. _____ (Name of the parent), parent of Mr. /Ms. _____ (Name of the candidate), do hereby undertake to pay KNR University of Health Sciences, Telangana a sum of **Rs. 20,00,000.00/- (Rupees Twenty Lakh only)**. In case of discontinuation of MBBS Course after joining or after the date of announcement of second phase of admissions by my son/daughter and I am aware that my son/daughter will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of Rs.20,00,000/- (Rupees Twenty Lakh only) towards forfeiture of the bond in accordance to the G.O.Ms.No.125,126 and 127 HM&FW Dept., Dated: 22.09.2022

Signature of the Parent

Witnesses:

1) Signature:
Name&AddressInFull:

2) Signature:
Name&AddressInFull:

::NOTARY:

**PROFORMA FOR UNDER TAKING IN THE FORM OF AFFIDAVIT(ONNON-
JUDICIAL STAMP PAPERS OF RS.100/-)**

UNDERTAKING CERTIFICATE GENUINITY

I,(Candidate Name) S/o / D/o..... , bearing UG NEET 2026 Rank No and I,..... (Parent name) F/o:..... (Candidate name). hereby give an undertaking as below in connection with our claim with regard to certificates submitted for admission into UG Medical Course for the Academic Year 2026-27 in Government Medical College, Mancherial affiliated to KNR University of Health Sciences.

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 KNR University of Health Sciences.

I also here by undertake that I shall not enter into legal litigation, if these at allotted to me is cancelled, for the above reasons.

Signature of the Parent/Guardian

Signature of the Candidate

AadharNo:

Address:

Date:

Place:

:: NOTARY::