## PROFORMA OF AGREEMENT BOND FOR CANDIDATES ADMITTED TO PG-SS MEDICAL COURSES AY-2024

THIS DEED OF BOND IS EXECUTED AT					ON THIS DAY
OF BY Name:	_ S/0,	D/0,	W/0		
Residing At (Permanent Address):					
Mobile No:					
Mail id:					
AADHAR NO					
TO IN FAVOUR OF PRINCI	PAL			COLLEGE	

WHEREAS the Party of the FIRST PART have applied for admission to PG Medical course in Telangana State and the Party of the FIRST PART has been selected to the said course.

As per the G O . Ms .N o . 1 5 5 , H M& FW (C 1), D e p a rtm e nt, D a t e d : 1 8 - 1 1 - 2 0 2 1 a n d t h e Prospectus of KNRUHS, the Party of the FIRST PART has agreed to serve the Government of Telangana at any of the Government Institutions as per the orders of State Government for a period one year (For Non Service Candidates) after successful completion of the PG course and on

such failure of not completing the full bond period of service, the Party of the FIRST PART shall forthwith pay a sum of Rs. 20,00,000 for PG Degree and Rs. 10,00,000 for PG diploma course

AND WHEREAS for the better protection of the Government, the Party of the FIRST PART has agreed to execute the bond with 2 sureties who are Government Gazetted Officers/ Income Tax assesses to stand guarantee for the above said amount.

AND WHEREAS the Party of the FIRST PART have also agreed that on successful completion of the Post graduation course, the Party of the FIRST PART shall successfully complete the requisite bond period of one year service or pay to the Government of Telangana ( Director of Medical Education) on demand the sum of Rs.\_\_\_\_\_\_ Lakh only) and on such default together with interest at Government rates thereon from the date of demand on the said amount.

The Party of the FIRST PART\_\_\_\_\_\_ or his/ her legal heirs, executors and administrators shall forthwith pay to the Government on demand the said sum of Rs.\_\_\_\_\_\_ / -(Rupees\_\_\_\_\_\_ Lakh only) together with interest in the event of default by the Party of the FIRST PART.

AND upon the Party of the FIRST PART \_\_\_\_\_\_\_or

1. \_\_\_\_\_\_ or 2. \_\_\_\_\_

The sureties aforesaid making such payment, the above written bond shall be void and be of no effect, otherwise it shall remain in force and virtue

PROVIDED always that the liability of the sureties hereunder shall not be impaired or discharged by reasonable time being granted or by any forbearance, act or omission of the Government or any person authorized by them (Whether with or without the consent knowledge of the sureties) nor shall it be necessary for the Government to sue the Party of the FIRST PART before suing the sureties

1.\_\_\_\_\_

2.\_\_\_\_\_

Or any of them for the amount due hereunder

This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

This bond is exempted from stamp duty, under Article 57 of Schedule- I of the Indian Stamp Act, 1899. (Central Act II of 1899)

## NOW THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1. The Party of the FIRST PART has agreed to serve the Government of Telangana for a period of one year on successful completion of the PG course and in the event of default the Party of the FIRST PART shall pay forthwith a sum of Rs.\_\_\_\_\_ Lakhs only) to the Government of Telangana (Director of Medical Education).

2. For the aforesaid amount of Rs	lakhs only						
the event of such default till payment of Rs		_Lakhs	Only)	is 1	paid	to	the
Government of Telangana.		_	0 9		•		
Signed and Dated at							
On this theday of							
Signed and delivered by the Party of the FIRST PART							
Signature of the Candidate							
PAN No. of Surety 1 :	Aadhar I	No.					
Signed and delivered by the Surety							
Signature of the Surety with seal							
In the presence of :							
Witness 1.	Witness	: 2					
Name:	Name:						
Address:	Address	5:					
Signature	Signatur	е					
PAN No. of Surety 2:							
Aadhar No.							
Signed and delivered by the Surety							
Signature of the Surety with seal							
In the presence of :							
Witness 1.	Witness	2					
Name:	Name:						
Address:	Address						
Signature	Signature	9					
ACCEPTED							
For and on behalf of any of the order and direction of	the Government	t of Tela	ngana.				
Date :							
Station :		I	Principa	al			
			•				
		M	edical C	olle	ege		