



**KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES,
TELANGANA:: WARANGAL
MBBS/BDS ADMISSIONS 2018-19**

PROFORMA FOR BOND MBBS/BDS (ON NON-JUDICIAL STAMP PAPER FOR Rs.100/-)

I, Mr/Ms. _____ S/o: _____ D/o: _____
_____ selected for MBBS/BDS Course do hereby undertake to complete the course as per the requirements of KNR University of Health Sciences, in the event of my discontinuing the studies after joining the course, I undertake to pay KNR University of Health Sciences, a sum of Rs. 3,00,000 (Rupees Three Lakhs only).

Signature of the Candidate

I, Mr/Mrs. _____ parent of
Mr/Ms. _____ do hereby undertake to pay KNR University of Health Sciences, a sum of Rs. 3,00,000 (Rupees Three Lakhs only) in case of discontinuation of MBBS/BDS Course after joining by my Son/Daughter.

Date:

Signature of Parent

Witness

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.