

MD/MS COURSE DISCONTINUATION BOND FORMAT
UNDERTAKING/ BOND FOR General/ Reserved (Paid in INR) NRI (Paid in US Dollars)
(To be Submitted on a Legalized/Notarized Rs. 200 Non Judicial Stamp Paper)

I, Dr. (Name of the candidate),
aged about Years, S/D/W/H/O (Name of
Parents/Guardian/Husband/Wife), resident of
..... (Permanent address
of Parents/Guardian/Husband/Wife), do hereby swear an oath as follow:

I have been selected to the MD/MS course in(Subject) session 2022-2025
at Hamdard institute of Medical Sciences and Research (HIMSR), New Delhi through the common
counselling conducted by the Medical Counselling Committee (MCC) of Directorate General of Health
Services (DGHS), Government of India (GoI), New Delhi through NEET Rank No. (All
India Rank) NEET Roll No.

I, affirm and state that on my own will and concurrence of my parents/guardian/husband/wife took
admission to the MD/MS course in (Subject) at Hamdard Institute of Medical
Sciences and Research (HIMSR) as per the Online Allotment Letter of MCC of DGHS, GoI letter
Dated.....

I, affirm and state that in consideration of admission to 1st year MD/MS course, I shall complete the said
MD/MS course and accordingly undertake to pay all the tuition and other fees as demanded by Hamdard
Institute of Medical Sciences and Research (HIMSR).

In event of my discontinuation of said MD/MS course due to any reason; I along with my parent/guardian/
husband/wife hereby undertake to pay balance tuition and other fees to Hamdard Institute of Medical
Sciences and Research (HIMSR) payable for the entire course without any demur. I also understand that the
original documents submitted to the Institute at the time of admission, will be returned to me only after the
payment of balance tuition and other fee.

What is stated above is true and correct. I along with my parent/guardian/husband/wife do hereby undertake
to act accordingly. This, the.....(date) Day.....Month ofYear at New Delhi.

Signature of the candidate

Name: _____

Mobile No: _____

Email ID: _____

Signature of the Parent/Guardian/Husband/Wife

Name: _____

Mobile No: _____

Email ID: _____

(1) Witness Signature

Name: _____

Mobile No: _____

Email ID: _____

(2) Witness Signature

Name: _____

Mobile No: _____

Email ID: _____