

MBBS COURSE DISCONTINUATION BOND FORMAT
UNDERTAKING/ BOND FOR GENERAL/ RESERVED/ NRI
(To be Submitted on a Legalized/Notarized ₹200 Non Judicial Stamp Paper)
AFFIDAVIT

I, Mr. /Ms. (Name of the candidate), aged about
..... Years, S/D/O.....(Father) and(Mother),
resident of
..... (Permanent address of parents), do hereby swear
an oath as follow:

I have been selected to the MBBS course Batch 2024 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 Marks & NEET Roll No.

I, affirm and state that on my own will and concurrence of my parents/guardian took admission to the MBBS course 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 MBBS course, I shall complete the MBBS course and accordingly undertake to pay all the tuition and other fee as demanded by Hamdard Institute of Medical Sciences and Research (HIMSR) time to time.

In event of my discontinuation of MBBS course due to any reason; I along with my parent/ guardian hereby undertake to pay balance tuition and other fee 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.

The above stated statements are true and correct to the best of my knowledge. I along with my parent/guardian do hereby undertake to act accordingly. This, the..... (Date) Day.....Month ofYear at New Delhi.

Please paste recent colored Passport size photograph of the candidate.(Sign across & verified by Notary)	Please paste recent colored Passport size photograph of the Parent/Guardian/Husband/Wife of the candidate.(Sign across & verified by Notary)
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Signature of the candidate

Name: _____

Mobile No: _____

Email ID: _____

(1) Witness Signature

Name: _____

Mobile No: _____

Email ID: _____

Signature of the Parent/Guardian/Husband/Wife

Name: _____

Mobile No: _____

Email ID: _____

(2) Witness Signature

Name: _____

Mobile No: _____

Email ID: _____