

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)
AFFIDAVIT

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) 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 (All India Rank), NEET ScoreNEET 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 fee as demanded by Hamdard Institute of Medical Sciences and Research (HIMSR) time to time.

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 fee to Hamdard Institute of Medical Sciences and Research (HIMSR) payable for the entire course without any demur. I also understand that my original documents submitted by me 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/ husband/wife 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: _____

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: _____