

SPECIMEN OF AGREEMENT BOND**(FOR GOVERNMENT/GOVERNMENT AIDED MEDICAL/DENTAL COLLEGE)TO****BE TYPED ON STAMP PAPER OF RS. 100/- AND****ATTESTED BY THE FIRST CLASS MAGISTRATE**

This agreement bond on.....the day
 of..... Between Sh./ Smt. S/o, D/o, W/o Sh.
 (his/her heirs, administrators, executors and legal representatives) on the one
 part and the..... (University concerned) on the other part.

Whereas I have been offered admission in MBBS/BDS course by the University Govt. of
 India vide memo No..... dated And I will be joining as such
 on.....

I hereby execute the bond of Rs. 10,00,000/- (Rs Ten lakhs only) supported by two
 sureties and equal number of witnesses. In case, I leave the course after commencement of the
 course. I alongwith sureties shall be liable jointly and severally to pay Rs. 10,00,000/- (Rs Ten
 lakhs only) bond money to.....(University
 concerned). The University will have right to recover such money from the
 defaulter/defaulters/sureties in accordance with the law of the land. IN WITNESS WHERE I DO
 HERE IN SET MY HANDS ON THIS BOND AT..... THIS DAY IN THE PRESENCE
 OF WITNESS AND SURETIES:

1. Signature of witness

Name & Address of Witness

Tel. No.

Mobile No.

2. Signature of witness

Name & Address of Witness

Tel. No.

Mobile No.

1. Signature of Surety

Name & Address of Surety

Tel. No.

Mobile No.

2. Signature of Surety

Name & Address of Surety

Tel. No.

Mobile No.

**UNDERTAKING PROVIDED BY CANDIDATE SELECTED FOR ADMISSION TO MBBS
DEGREE COURSE AT ANY GOVERNMENT MEDICAL COLLEGE IN THE STATE OF
HARYANA TO BE TYPED ON STAMP PAPER OF RS. 100/- AND
ATTESTED BY THE FIRST CLASS MAGISTRATE**

I..... s/o,d/o,w/o..... R/o..... have carefully perused and understood the provisions of the Policy for incentivizing Doctorsto opt for Government Service after completing MBBS Course and revising the fee structure in Government Medical Colleges for MBBS/PG Course 2020-21 notified vide No. 16/17/2019-6HBIV dated 06/11/2020

I understand and acknowledge that on my admission to any Government Medical College in the State of Haryana, I have the option of obtaining a loan facilitated by the Government of Haryana (hereinafter termed as "State Government") for paying the bond amount or pay the entire bond amount without recourse to the loan. I also understand and acknowledge that I am eligible for a Student Loan under the Policy for Higher Education Loan Credit Guarantee Scheme of the State Government underwhich the State Government may guarantee the education loan taken for admission on fulfillment of the terms and conditions of the Policy as amended from time to time.

I also understand and acknowledge that, on graduation (including internship) in case, I am successful in obtaining employment with any Public Health Institution of the State Government after due process as may be specified, then the State Government shall repay the installments of the loan (both principal and interest) for 7 years or till the time I am in the service of such Public Health Institution of the State Government, whichever is earlier, which shall be in addition to the salary and other allowances due

I also understand and acknowledge that if I do not wish to obtain employment in any any Public Health Institution of the State Government, I will be liable for therepayment of the loan obtained (including interest) and the Bank providing the loan orthe State Government, as the case may be, shall recover the amount of default or takesuch action for recovery as per policy notified from time to time.

I further understand that in case I remain unemployed after graduation or am unable to obtain any form of Government employment (including contractual employment) despite sincere efforts, then the Credit Guarantee provided by the State Government may be invoked and the State Government may step in to pay the loan amount through the Credit Guarantee Trust.

Having clearly understood and agreed with the terms and condition herein above, I do hereby affix my signature on the day mentioned above.

1.
Signature of candidate for admission. Name and
other details of candidate:
..... In the
presence of:

2.

Self Attested
Photograph
of the
Medical
Students

Self Attested
Photograph
of the
Parent/Guar
dian

Signature of Parent/Guardian of the candidate for admission.
Name and other details of Parent/Guardian of the candidate:

ANNEXURE I
AFFIDAVIT BY THE STUDENT

I, _____ (full name of student with Institute Roll Number)
s/o d/o Mr./Mrs./Ms. _____, having
been admitted to _____ (name of the institution), have
received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher
Educational Institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the
provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the
penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting
ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - a) I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the
Regulations.
 - b) I will not participate in or abet or propagate through any act of commission or omission that may be
constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the
Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or
any law for the time being in force.
- 5) I hereby declare that I have not been expelled or debarred from admission in any institution in the country
on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm
that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.
- 6) Along with the above mentioned points I do hereby declare that
 - a) I will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity
while in and off the institution campus.
 - b. I will be solely responsible for any kind of accident/mishap caused on account of the above mentioned
clause (6.a).

Declared this ____ day of _____ month of ____ year.

Signature of deponent
Name: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false
and nothing has been concealed or misstated therein.

Verified at -----(place) on this the -----(day) of -----(month) , -----(year) .

Signature of deponent

Solemnly affirmed and signed in my presence on this the -----(day) of -----(month) ,
----- (year) after reading the contents of this affidavit.

OATH COMMISSIONER

*Note : It is mandatory to submit this affidavit in the above format, if you desire to register for the
forthcoming academic session.*

ANNEXURE II
AFFIDAVIT BY PARENT/GUARDIAN

I, Mr./Mrs./Ms. _____ (full name of parent/guardian) father/mother/guardian of, (full name of student with University Roll Number), having been admitted to _____ (name of the institution), have received or downloaded a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009, (hereinafter called the "Regulations"), carefully read and fully understood the provisions contained in the said Regulations.

- 1) I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
- 2) I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against my ward in case he/she is found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
- 3) I hereby solemnly aver and undertake that
 - a) My ward will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
 - b) My ward will not participate in or abet or propagate through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
- 4) I hereby affirm that, if found guilty of ragging, my ward is liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against my ward under any penal law or any law for the time being in force.
- 5) I hereby declare that my ward has not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote, ragging; and further affirm that, in case the declaration is found to be untrue, the admission of my ward is liable to be cancelled.
- 6) Along with the above mentioned points I do hereby declare that
 - a) My ward will obey the code of conduct of the institute and do not indulge in any kind of in-disciplined activity while in and off the institution campus.
 - b) My ward will be solely responsible for any kind of accident/mishap caused on account of the above mentioned clause (6.a).

Declared this _____ day of _____ month of _____ year.

Signature of deponent

Name:

Address:

Telephone/ Mobile No.:

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at (place) on this the (day) of (month), (year).

Signature of deponent

Solemnly affirmed and signed in my presence on this the _____ (day) of _____ (month), _____ (year) after reading the contents of this affidavit.

OATH COMMISSIONER

Note: It is mandatory to submit this affidavit in the above format, if you desire to register for the forthcoming academic session.