

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT(ON NON- JUDICIAL
STAMP PAPERS OF RS.100/-)

UNDERTAKING

I,
(Candidate name)
S/o / D/o....., bearing UG NEET 2020Rank
No

and

I,
(Parent name)
F/o , bearing UG NEET 2020Rank No
.....

hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into UG Medical and Dental Courses for the Academic Year 2020-21 in Colleges affiliated to KNR University of Health Sciences. We, hereby declare that all our certificates are genuine.

I am aware that if the submitted relevant certificate (s) is / are found to be not genuine at a later date, my admission is liable to be cancelled and I am liable for criminal prosecution, as may be legally deemed fit. Further I agree that I abide by the Rules and Regulations of KNR University of Health Sciences.

I also hereby undertake that I shall not enter into legal litigation, if the seat allotted to me is cancelled, for the above reasons.

Signature of the Parent / Guardian

Signature of the Candidate

Aadhar No.
Address :

Date:

Place:



**KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES,
TELANGANA:: WARANGAL
MBBS/BDS ADMISSIONS 2020-21**

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 for 2020-21 do hereby undertake to complete the course as per the regulations of Kaloji Narayana Rao University of Health Sciences and in the event of my discontinuing the studies after joining the course after the last date for free exit for admissions of CQ/MQ as notified by University, I undertake to pay the University 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 Kaloji Narayana Rao 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 after the last date for free exit for admissions of CQ/MQ as notified by University.

Date:

Signature of Parent

Witness

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

ANNEXURE I, Part I**UNDERTAKING BY THE CANDIDATE/STUDENT**

1. I, _____
S/o. D/o. of Mr./Mrs./Ms. _____,
have carefully read and fully understood the law prohibiting ragging and
the directions of the Supreme Court and the Central/State Government in
this regard.
2. I have received a copy of the MCI Regulations on Curbing the Menace of
Ragging in Higher Educational Institutions, 2009.
3. I hereby undertake that-
 - I will not indulge in any behavior or act that may come under the
definition of ragging,
 - I will not participate in or abet or propagate ragging in any form,
 - I will not hurt anyone physically or psychologically or cause any
other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be
punished as per the provisions of the MCI Regulations mentioned above
and/or as per the law in force.

Signed this _____ day of _____ month of _____ year

Signature

Address: _____

Name:

(1) Witness:

(2) Witness:

ANNEXURE I, Part II**UNDERTAKING BY PARENT/GUARDIAN**

1. I, _____
F/o. M/o. G/o _____,
have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the MCI Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/ daughter/ ward will not indulge in any act of ragging.
3. I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the MCI Regulations mentioned above and/or as per the law in force.

Signed this _____ day of _____ month of _____ Year

Signature

Address: _____

Name:

(1) Witness:

(2) Witness: