PROFORMA OF AGREEMENT BOND FOR NON SERVICE CANDIDATES ADMITTED TO PG MEDICAL COURSES 2022-2023

THIS DEED OF BOND IS EXECUTED AT	ON THIS DAY OF BY
Name: S/O, D/O, W/O	
Residing At (Permanent Address):	
Mobile No:	
mail id:	
AADHAR NO	
TO IN FAVOUR OF PRINCIPAL	COLLEGE
WHEREAS the Party of the FIRST PART have	applied for admission to
PG Medical course in Telangana State and the Party of	the FIRST PART has been
selected to the said course.	
As per the GO.Ms.No.155, HM&FW (C1),	Department, Dated:18-
11-2021 and the Prospectus of KNRUHS, the Party of	the FIRST PART has agreed
to serve the Government of Telangana at any of the Gove	rnment Institutions as per the
orders of State Government for a period one year (For N	on Service Candidates) after
successful completion of the PG course and on such failure of	of not completing the full bond
period of service, the Party of the FIRST PARTshall forthwith	n pay a sum of Rs. 20,00,000
for PG Degree and Rs. 10,00,000 for PG diploma course	
AND WHEREAS for the better protection of the Govern	nment, the Party of the FIRST
PART has agreed to execute the bond with 2 sureties wh	o are Government Gazetted
Officers/ Income Tax assesses to stand guarantee for the abo	ve said amount.
AND WHEREAS the Party of the FIRST PART	have also agreed that on
successful completion of the Post graduation course, the Post	
successfully complete the requisite bond period of one	•
Government of Telangana (Director of Medical Education) on	
- 1	such default together with

interest at Government rates thereon from the date of demand on the said amount.

	ine P	arty of	tne Fir	SI PAR	. I			or	nis/	ner	iegai	neirs,
executo	ors an	d admi	nistrato	rs shall f	orthwith p	ay to the	Gove	rnme	ent on	dem	and th	e said
sum of	f Rs				_ together	with in	erest ir	n the	ever	nt of c	default	by the
Party o	f the F	IRST P	ART.									
	AND	upon	the P	arty of	the FIR	ST PAF	RT					or
	1					_or 2						_
Т	he su	reties a	aforesai	d making	g such pa	yment, t	he abo	ve w	ritten	bono	l shall	be void
and be	of no	effect, d	otherwis	e it shall	remain in	force an	d virtue	!				
	PROV	IDED a	ılways t	hat the li	ability of	he suret	ies her	eund	er sh	all no	t be in	npaired
or discl	harged	by rea	asonable	e time be	ing grante	ed or by	any for	bear	ance,	act o	r omis	sion of
the Go	vernm	ent or	any per	son auth	orized by	them (V	Vhether	with	or w	vithou	t the c	onsent
knowle	dge of	the su	ıreties)	nor shal	l it be ned	cessary	for the	Gove	ernme	ent to	sue	the
Party	of	the	FIRST	PART	before	suing	the	su	reties			
	1											
	2.											
			-									

Or any of them for the amount due hereunder

This bond shall in all respects be governed by the Laws of India, for the time being in force, and the rights and liabilities shall, where necessary, be accordingly determined by the appropriate courts in India.

This bond is exempted from stamp duty, under Article 57 of Schedule- I of the Indian Stamp Act, 1899. (Central Act II of 1899)

NOW THE DEED OF INDEMNITY BOND WITNESSES AS FOLLOWS:

1. The Party of the FIRST PART has agreed to serve the	ne Government of Te	langana f	or a					
period of one year on successful completion of the PG	course and in the ev	ent of def	ault					
the Party of the FIRST PART shall pay forthwith a sun	n of Rs							
Lakhs only) to the Government of Telangana (Director of	of Medical Education).							
2. For the aforesaid amount of Rs.	lakhs only	lakhs only						
the event of such default till payment of Rs.	Lakhs only) i	s paid to	the					
Government of Telangana								
Signed and Dated at								
on this theday of								
Signed and delivered by the Party of the FIRST PART								
Signature of the Candidate:								
PAN No. of Surety 1 : Aadh	nar No.							
Signed and delivered by the Surety		_						
Signature of the Surety with seal.			_					
In the presence of : Witness 1.	Witness 2							
Name:	Name:							
Address:	Address:							
Signature	Signature							
PAN No. of Surety 2:								
Aadhar No.								
Signed and delivered by the Surety			_					
Signature of the Surety with seal			_					
In the presence of :								
Witness 1.	Witness 2							
Name:	Name:							
Address:	Address:							
Signature	Signature							
ACCEPTED								
For and on behalf of any of the order and direction of the	Government of Telar	ngana.						
Date :								
Station:	Principal							
	Medical C	ollege						