

B.G. No.:

Date of Issue:

B.G. Amount : Rs. 11,55,000/- Date of expiry:
30-09-2024.

IRREVOCABLE BANK GUARANTEE

We, _____ Bank, having its Branch at
_____ [hereinafter to be referred as '**BANK**'] do

hereby issue this Irrevocable Bank Guarantee at the request, upon application

and on behalf of Mr./Ms. _____, S/o /D/o
_____ [hereinafter to be referred as '**STUDENT**'] in

favour of **Dr.Patnam Mahender Reddy Institute of Medical Sciences,
Chevella, Ranga Reddy Dist, Telangana – 501 503**, represented by its
Principal, [hereinafter to be referred as '**BENEFICIARY**' '**INSTITUTE**']".

WHEREAS the above named Student got admitted into 1st MBBS Course for the
academic year 2023-24 for the duration of the remaining 4 years of the course in
the Beneficiary Institute and paid the 1st year fee of Rs.....
(Rupees) and is also
obligated to pay the fee of Rs..... every year for the remaining

period of course as follows on

1. 1st October 2024, Rs...../- (Due date of Payment of Fees)

WHEREAS as per the conditions for admission, the Student is required to furnish
an Irrevocable Bank Guarantee to the Beneficiary from any Nationalized
Bank to protect the interest of the Beneficiary in the event of any default of the
Student in payment of balance fee as above during the entire course.

Hence in the event of default on the part of the Student in payment of fee of Rs...../- per year for 2nd year period i.e.

1st October 2024, Rs. (Due date of Payment of Fees)

or any part thereof during the balance course period of MBBS, the Bank on behalf of the Student hereby irrevocably, unequivocally and unconditionally agrees and undertakes to pay forthwith the said sum of Rs. or

part thereof to the Beneficiary without any condition, protest, demur or proof and without reference to any consent of the Student and irrespective of and not withstanding any contest/objection from the Student or the existence of any dispute between the Student and the Beneficiary upon the Beneficiary invoking this Bank Guarantee with the Letter of Invocation for any part amount of the bank guarantee to the bank. The Bank agrees to make the payment of invoked amount to the Beneficiary simultaneously on the Beneficiary submitting the Letter of Invocation for any part amount of the Bank Guarantee.

Not with standing anything contained herein, the bank further under takes to pay the full amount of the bank guarantee to the beneficiary without any reference to the due date of the payment of the fee structure as mentioned in the guarantee, simultaneously on the beneficiary submitting the letter of invocation along with the original bank guarantee.

The Bank further agrees that this Guarantee shall constitute an independent and autonomous contract between the Bank and the Beneficiary and shall not in any way be affected by any dispute or difference between you viz., the Beneficiary and the Student of whatsoever nature.

Finally, the Bank confirms that a mere letter from the Beneficiary that there has been a default on the part of the Student in payment of the fees, shall without any other or further proof be final, conclusive and binding on the Bank to treat the same as a valid invocation along with submission of the original

Bank Guarantee for making the simultaneous payment of the demanded amount up to the maximum of Rs.

This Bank Guarantee shall remain in force up to 30-09-2023 and all claims should be received by the Bank on or before within three months from the said date.

The Bank’s liabilities under this guarantee is restricted to Rs..... (Rupees: Only) and

the guarantee shall remain in force up to dt. 30-09-2024. Unless a claim is made on the Bank within three months from the said date i.e. 31-12-2024 all the claims rights and interest etc. Whatsoever of the Institute Dr.Patnam Mahender Reddy Institute of Medical Sciences, Chevella, Ranga Reddy Dist, Telangana – 501 503 under this guarantee shall be lapsed and shall have no right to enforce this guarantee and the Bank shall be relieved and discharged from all liabilities there from.

Notwithstanding anything contained Herein:

- A. Our Liability under this Bank Guarantee shall not exceed Rs..... (Rs. Only).
- B. This Guarantee shall be valid up to 30-09-2024.
- C. We are liable to pay the guarantee amount or any part thereof under this Bank Guarantee only and only if you serve upon us a written claim or demand received by us on/or before 31-12-2024 (Date of expiry of claim period of guarantee).

Dated :

THE BRANCH MANAGER,



KNRUHS DISCONTINUATION BOND

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

(ON NON- JUDICIAL STAMP PAPERS OF RS.100/- WITH NOTARY)

BOND FOR UG MBBS/BDS ADMISSION FOR THE ACADEMIC YEAR 2023-24

I, _____ (Name of the candidate) S/o, D/o _____ (Name of the parent), Selected for MBBS/BDS Course do hereby under take to complete the course as per the requirement of KNR University of Health Sciences, Telangana, Warangal. In the event of my discontinuing the studies after joining the course or after the date of announcement of second phase of admissions, I under take to pay KNR University of Health Sciences, a sum of **Rs 20,00,000/-** (Rupees Twenty lakhs only) and I am aware that I will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of **Rs 20,00,000/-** (Rupees Twenty lakhs only) towards forfeiture of the bond in accordance to the G.O.Ms.No.125,126 and 127 HM&FW Dept Dated: 22.09.2022.

Signature of the candidate

I, _____ (Name of the parent), parent of Mr/Ms. _____ (Name of the candidate), do here by under-take to pay KNR University of Health Sciences, a sum of **Rs 20,00,000/-** (Rupees Twenty lakhs only) in case of discontinuation of MBBS Course after joining or after the date of announcement of second phase of admissions by my son/daughter and I am aware that my son/daughter will be debarred for three years for admission into MBBS/BDS course in the state of Telangana besides payment of **Rs 20,00,000/-** (Rupees Twenty lakhs only) towards forfeiture of the bond in accordance to the G.O.Ms.No. 125,126 and 127 HM&FW Dept. Dated: 22.09.2022.

Signature of the Parent

Witnesses:

- 1)
- 2)

***** NOTARY *****

(Non-Judicial stamped paper for Rs.100-00)

FORMAT OF UNDERTAKING IN REGARDS FOR THE FEE

FROM:

1. **PARENT/GUARDIAN**

_____.

2. **STUDENT**

_____.

To,
The Principal,
Dr.Patnam Mahender Reddy Inst. of Med. Sciences, Chevella
(V&M), Rangareddy District, Telangana – 501
503.

Sub: Undertaking in regard for the fees to be paid to the college Dear
Sir,

(1) I, Mr/Ms. _____ residing at _____ .

We, _____ & _____ residing at _____
_____ the former having been admitted to the MBBS course at your institute
under _____ quota (**Category-___**) hereby agree, affirm and declare jointly and severally
that we shall abide to pay the yearly tuition fees for **Five (5)** academic years to the said Institute
as specified by the institute and the said fee shall be neither negotiable nor refundable in full or
part thereof under any circumstances and that we will not raise the issue of refunding to us the
said amount at any time or under any circumstance. We also agree and undertake to pay the
prescribed fee for each term if the period of study is prolonged beyond the normal prescribed
period of four and a half years of study due to any reason whatsoever. We also understand that if
all the dues are not cleared, the student may not be allowed to appear for the university
examination.

We further agree and declare that In the event of his / her seat falling vacant due to discontinuation of
the course in the middle or any other reason we shall abide to pay the tuition fee and other fees for the
remaining years of study as may be due on the date of discontinuation to Dr.Patnam Mahender Reddy
Institute of Medical Sciences, Chevella in lump sum.

Yours faithfully,

STUDENT

PARENT/GUARDIAN

***** NOTARY *****

**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 NEET2023

Rank No:.....

And

I,.....(Parent Name) F /obearing UG NEET 2023.Rank 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 2023-24 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

Aadhar No. Address

:

Date:

Signature of the Candidate

Place:

***** NOTARY *****



**KALOJI NARAYANA RAO UNIVERSITY OF HEALTH SCIENCES, TELANGANA::
WARANGAL**

MBBS/BDS ADMISSIONS 2023-24 UNDER MANAGEMENT QUOTA

DECLARATION BY CANDIDATE/PARENT ON NON-JUDICIAL STAMP PAPER FOR Rs. 100/-

I, Mr/Ms. _____ S/o: D/o: _selected for MBBS/BDS Course for the year 2023-24 under Management Quota declare that I am not admitted in any other Medical College in the country as on today. I am not a part of any seat blocking procedure. I will not discontinue the course without valid seat allotment at a later date in other college. In case of any discrepancy, I am liable for legal action by KNR University of Health Sciences and Government and cancellation of seat.

Signature of the Candidate

I, Mr/Mrs. _____ parent of Mr/Ms. _____ Selected for MBBS/BDS Course for the year 2023-24 under Management Quota declare that my son/daughter is not admitted in any other Medical College in the Country as on today. My son/daughter is not a part of any seat blocking procedure. Candidate will not discontinue the course without valid seat allotment at a later date in other college. In case of any discrepancy, we are liable for legal action by KNR University of Health Sciences and Government and cancellation of seat.

Date:

Signature of Parent

Witness

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

***** NOTARY *****

Annexure-1

DECLARATION

(This declaration is to be given by a student/parent/Blood Relative (family member) who is seeking admission under NRI category (Management quota of NRI)

I, Mr/Ms NEET-2023 UG Roll No
..... Rank

NEET-2023(UG) Son/daughter of Mr/ Ms seeking admission into UG course in Management Quota (NRI quota seats) for the academic year 2023- 2024 into Medical/Dental College of Telangana Private Non-Minority / Minority Medical & Dental Colleges do hereby declare and state as under:

I declare that I am Son/Daughter/Niece/Nephew/Brother/Sister of

Mr/Ms.....S/o.....R/o.....

.....(here incorporate the complete address of NRI to whom the candidate is related).

I declare that the said family member NRI is paying my fee for my UG course and I further declare that the above facts stated are true and correct and I am liable for any action in the event of concealment of facts. Hence, this declaration.

(Signature of the Candidate)

I,.....S/o/here declare and confirm that the above

candidate viz., Mr/Ms.....is related to me as

Son/Daughter/Niece/Nephew/Brother/Sister and I hereby irrevocably agree and undertake to provide finance support to him/her by payment of entire fees and other expenses for pursuing UG course in the Medical/Dental College of Telangana State under KNR UHS.

Date:

(Signature of the NRI)

***** NOTARY *****

AFFIDAVIT BY THE STUDENT Rs-20/-(non Judicial Bond)

I, _____, Admin. No. _____

S/o. / D/o _____, having been admitted to Dr. PATNAM MAHENDER INSTITUTE OF MEDICAL SCIENCES, CHEVELLA (V&M), RANGAREDDY -501503 have received 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.

I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.

1. 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.
2. 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.
3. 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.
4. 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.
5. I hereby declare that I submit online Undertaking to the website www.antiragging.in and www.amanmovement.org.

Declared on this Date: _____.

Signature of deponent

Name:

Address:

Mobile. No: Mali.

Id:

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 Hyderabad on this Date: _____

Signature of deponent

Solemnly affirmed and signed in my presence on this Date: _____ after reading the contents of this affidavit.

OATH COMMISSIONER

AFFIDAVIT BY THE PARENT Rs-20/- (non Judicial Bond)

I, _____, F/o / M/o. _____

Admn. No. _____, having been admitted to

Dr. PATNAM MAHENDER REDDY INSTITUTE OF MEDICAL SCIENCES, CHEVELLA (V&M), RANGAREDDY – 501503 have received 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 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, 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 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, I am aware that my ward’s admission will be liable to be cancelled.
6. I hereby declare that I submit online Undertaking to the website www.antiragging.in and www.amanmovement.org.

Declared on this date: _____ .

Signature of deponent Name:

Address: 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 Hyderabad on this Date:_____.

Signature of deponent Solemnly affirmed and signed in my presence on this date: _____after reading the contents of this affidavit.

OATH COMMISSIONER