

Form - I
FORMAT OF UNDERTAKING BY THE STUDENT

1. I _____ (Full name in BLOCK LETTERS)
Son/Daughter Mr./Mrs./Ms. _____ (Full name in BLOCK LETTERS) admitted to the course of (_____) at Father Colombo Institute of Medical Sciences, Warangal with _____ Admission number affiliated to Kaloji Narayana Rao University of Health Sciences, have received a copy of the National Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and Institutions) regulations, 2021 (Herein after referred to as the said regulations).
2. I have carefully read and fully understood the provisions in the said regulations.
3. I have particularly perused the provisions of regulations 3, And 4, of the said regulations and have fully understood what constitutes-ragging
4. I have also in particular perused the provisions of chapter IV and read and understood the administrative and penal actions that may be taken against me in case I am found guilty of ragging or abetting ragging actively or passively or being part of conspiracy to promote ragging.
5. I hereby undertake that _____
 - (i) I will not indulge in any behaviour or act that may come under the definitions of ragging as may be constituted under regulation 3. of the said regulations.
 - (ii) I will not participate in or abet or propagate ragging in any form included but not limited to those that may be constituted under regulation 3. of the said regulations.
 - (iii) I will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the said regulations or as per the applicable laws for the time being in force.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging, actively or passively, or being part of conspiracy to promote tagging and have never been punished in any manner for these offences and further affirm that if this declaration is incorrect or false, my admissions is liable to be cancelled/withdrawn.

Signed on this _____ day of _____ month of _____ year.

Signature
Name of the Student
Address

Phone No.

Witness 1
Name and Signature
Address

Witness 2
Name and Signature
Address

Form-II
**FORMAT OF UNDERTAKING BY PARENTS/GUARDIAN OF THE
STUDENT**

1. I _____ (Full name in BLOCK LETTERS).
Father/Mother/Guardian of Mr./Mrs./Miss _____ (Full
name in BLOCK LETTERS) admitted to the course of (_____) at Father
Colombo Institute of Medical Sciences, Warangal with _____ Admission number affiliated
to Kaloji Narayana Rao University of Health Sciences, have received a copy of the National
Medical Commission (Prevention and Prohibition of Ragging in Medical Colleges and
Institutions) regulations, 2021 (Herein after referred to as the said regulations).
2. I have carefully read and fully understood the provisions in the said regulations.
3. I have particularly perused the provisions of regulations 3, And 4, of the said regulations
and have fully understood what constitutes-ragging
4. I have also in particular perused the provisions of chapter IV and read and understood
the administrative and penal actions that may be taken against me in case I am found
guilty of ragging or a abetting ragging actively or passively or being part of conspiracy to
promote ragging.
5. I hereby undertake that my son/daughter/ward _____
 - i) will not indulge in any behaviour or act that may come under the definitions of
ragging as may be constituted under regulation 3. of the said regulations.
 - ii) will not participate in or abet or propagate ragging in any form included but not
limited to those that may be constituted under regulation 3. of the said regulations.
 - iii) will not hurt anyone physically or psychologically or cause any other harm.
6. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the
provisions of the said regulations or as per the applicable laws for the time being in force.
7. I also declare that I have never been found to be guilty of ragging or abetting ragging,
actively or passively, or being part of conspiracy to promote tagging and have never been
punished in any manner for these offences and further affirm that if this declaration is
incorrect or false, my admissions is liable to be cancelled/withdrawn.

Signed on this _____ day of _____ month of _____ Year.

Signature
Name of the Parent/Guardian
Address

Phone No.

Witness 1
Name and Signature
Address

Witness 2
Name and Signature
Address

BOND
(Non-Judicial Stamp paper for Rs. 100/-)

UNDERTAKING

I, Mr/Miss. _____
S/o/D/o _____ selected for MBBS/BDS
Course do hereby undertake to complete the course as per the requirements of KNR
University of Health Sciences, in the event of my discontinuing the studies after joining
the course after the date for free exit, I undertake to pay to KNR University of Health
Sciences, a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only).

Signature of the Candidate

I, Mr/Mrs. _____ parent of Mr/Miss
_____ do hereby undertake to pay to KNR University
of Health Sciences, a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only) in case of
discontinuation of MBBS/EDS Course after joining after the date for 'free exit by my
Son/Daughter.

Date:

Signature of Parent

Witness:

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

BOND (TO BE FILLED BY TWO SURETIES ON Rs.100/- BOND PAPER)

(Certified by Notary)

(1.) In consideration of the Surety Bond executed by the student (Mr./Miss. _____) Son of/ daughter of _____ resident of _____ in favour of The Registrar, KNRUHS, Warangal and the Principal of Father Colombo Institute of Medical Sciences, Warangal to a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only).

I _____ hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only). I, the said surety, shall, without any objection, pay the said due amount to the Father Colombo Institute of Medical Sciences, Warangal on demand.

I the said, surety do solemnly affirm that I am solvent to the extent of the amount of surety and I have been regularly filing income tax return.

Signature
Name of the Surety
Present Address:
.....Pin
Present Address:
.....Pin
Aadhaar No
PAN No
Mobile No

(2.) In consideration of the Surety Bond executed by the student (Mr./Miss. _____) Son of/ daughter of _____ resident of _____ in favour of The Registrar, KNRUHS, Warangal and the Principal of Father Colombo Institute of Medical Sciences, Warangal to a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only).

I _____ hereby stand as surety, jointly and severally, for the payment of the said amount on the terms mentioned above. In case the student fails to pay on demand a sum of Rs. 20,00,000/- (Rupees Twenty Lakhs only). I, the said surety, shall, without any objection, pay the said due amount to the Father Colombo Institute of Medical Sciences, Warangal on demand.

I the said surety do solemnly affirm that I am solvent to the extent of the amount of surety and I have been regularly filing income tax return

Signature
Name of the Surety
Present Address:
.....Pin
Present Address:
.....Pin
Aadhaar No
PAN No
Mobile No

PROFORMA FOR UNDERTAKING IN THE FORM OF AFFIDAVIT

(ON NON-JUDICIAL STAMP PAPERS OR RS.100/-)

GENUINITY BOND UNDERTAKING

I, _____ S/o/D/o _____
bearing UG NEET 2024 Rank No _____ and 1, (Parent name) _____
_____ We: _____ (Candidate name),
bearing UG NEET 2024 Rank No _____ hereby give an undertaking as below
in connection with our claim with regard to certificates submitted for admission into UG
Medical Course for the Academic Year 2024-25 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: