(1)

CA - Non-Service

Annexure -III

(Non-Judicial Stamped paper for Rs. 100/-)

(For all candidates)

I, Dr..... selected for Post Graduate Medical Degree/Diploma for the year 2026-27 do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to the Dr. NTR University of Health Sciences a sum of ₹.3,00,000/- and refund the amount received as stipend up to that date to Government and I will be barred from applying for Post Graduate (Medical) Degree/Diploma course in Andhra Pradesh for three years of NEET PG Counselling from the date of this order.

DATE: Signature of the Candidate:

Witness:

1. Signature:
   Name and address in full

2. Signature:
   Name and address in full

All Non-Servie

ANNEXURE-A

BOND TO BE EXECUTED BY **ALL NON-SERVICE CANDIDATES** AS PER G.O.Ms.No.251, HM&FW (C1) DEPARTMENT DT.02-10-2022 OF GOVERNMENT OF ANDHRA PRADESH

Bond - Duly Notarized on Non-Judicial Stamped paper for Rs. 100/- [One hundred rupees only]

I, Dr._____aged_____years

S/o, D/o, W/o_____Permanent resident of_____

_____

and Present Resident of

_____do hereby swear an oath as follows:

1. I am admitted in to MD/MS_____Speciality under State Quota/Competent Authority Quota seats in Government Medical College/Private Medical College at <Name of the Medical College and Place> for the academic year 2026-27.
2. I am here with submitting the bond after reading and fully understanding the contents of G.O.Ms.No.251, dt.02-10-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh regarding the Compulsory Rural/Government Service to the Post Graduate (Medical) Degree candidates admitted into State Quota/Competent Authority Quota seats in Government Medical Colleges/Private Medical Colleges after completion of their course.
3. I understand that all the Non-service candidates who are admitted intoPG (Medical) Degree courses in State Quota/Competent Authority Quota seats in Government Medical Colleges/Private Medical Colleges and successfully completed the Post Graduate Degree course shall under go one-year compulsory Rural/Government service in APVVP/DME,A.P Hospitals as per the G.O.Ms.No.251, dt.02-10-2022 of Govt. of Andhra Pradesh.
4. If I fail to abide by the bond either by not joining (or) by not completing the stipulated one year Rural/Government service period of one year within a maximum period of 18 months after obtaining thePG (Medical) Degree, a penalty of Rs.40,00,000/- (Rupees forty lakhs only) shall be levied against me.

Date:
Witnesses: Signature of the candidate

1. Signature: Name:
   Name and address in full Address:

2. Signature: Aadhar No:
   Name and address in full Mobile No:
   E-maid ID:

PERSONAL DETAILS

(To be submitted by the Non-Service Candidate along with the bond for the academic year 2026-27)

1	Name	
2	Age & date of birth	
3	Father's Name	
4	Mother's Name	
5	Present Address	
6	Permanent Address	
7	Mobile Number	
8	E-mail ID	
9	Aadhar No	
10	State Medical Council Registration Number	
11	NEET Rank	
12	NEET Roll Number	
13	Allotment number issued by Dr.NTR UHS	
14	Name of the College to which candidate is admitted	
15	PG (Medical) Degree Speciality	

Date:

Signature of the candidate

Name:

Mobile No:

Aadhar No:

E-mail ID:

Address :

(N0n-Judicial paper for Rs.100/-)

(STUDY BOND For All Candidates - P.G. Degree , Para – Clinical Courses – C.Q/M.Q)

I, Dr. _____ Selected for MD /MS _____ Post Graduate Degree course for the year 2026-27 and admitted in Dr.PSIMS & RF, China Avutapalli under C.Q/ M.Q do hereby undertake to complete the said course as per the requirements of the University. In the event of my discontinuation the studies after joining the course or without completeing the stipulated period of the above said course, I undertake to pay to the Principal, Dr.PSIMS & RF, China Avutapalli a sum of Rs. _____ _____Per annum for the remaining period of the course from the date of discontinuation.

Date : Signature of the Candidate

Witness :

1.Signature :

Name& Address in full

2.Signature :

Name& Address in full