

M.A.

Senior Resident Bond

This Deed of Bond is executed on ____ day of Nov/Dec -2025 at
_____ by Dr.-----S/o, D/o, W/o-----
Residing at (Permanent address)-----
Mobile No-----Email Id-----
Aadhar No-----.

To in favour of Dr. Pinnamaneni Siddhartha Institute of Medical
Sciences & Research Foundation, Chinna Avutapalli.

WHEREAS the party of the FIRST PART has taken admission in to Post
Graduate Medical Course in the Speciality of ----- under
Management quota i.e. S1, S2 and S3 category at Dr.Pinnamaneni
SIMS & RF, Chinoutapalli Medical College in Andhra Pradesh.

WHEREAS as per GO.MS.No.57 HM & FW (C1) Dept, dated 28/04/2023
in **Para 17 of II**, and as per GO.MS.No.74 HM & FW (C1) Dept, dated
06/06/2023 of point No. 13 the party of first part shall serve as a
Senior Resident in the above college, for a period of one year after
successful completion of the P.G course.

AND WHEREAS to ensure the service of the first party as senior
resident in the above college for a period of one year, the first party is
hereby agreed to execute this notarised indemnity bond.

AND WHEREAS the first party hereby agreed to serve as senior resident
in the above college for a period of one year after successful completion
of the Post Graduate course, otherwise first party is liable to pay
damages to the college as quantified by them.

Signed and Dated at -----

Signature of the Candidate -----

//NOTARY//

Annexure - IV

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

(For all candidates)

I, Dr..... selected for Post Graduate Degree/Diploma for the year **2025-26** 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 Dr. NTR UHS a sum of Rs.3,00,000 and refund the amount received as stipend up to that date to the respective College.

DATE:

Signature of the Candidate:

Witness:

1. Signature:

Name and address in full

2. Signature:

Name and address in full

(Non-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 2025-26 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

I

2.Signature :

Name& Address in full