

## COURSE DISCONTINUATION BOND

(Notarized Undertaking / Bond for General and Foreign / NRI Seats)  
(To be submitted on a Rs. 200 stamp paper purchased in Karnataka)

I, Dr / Mr / Ms ..... (Name of the Candidate), aged about ..... years, Son/Daughter of ..... (Name of the Parents), resident of .....  
... (permanent / present address of Parent) do hereby swear on oath as follows:

I, have been selected to the 1st year ..... (MBBS/MD/MS) at ..... , Deemed to be University under Section 3 of the UGC Act 1956, through the Common Counseling conducted by the Directorate General of Health Services (DGHS), Government of India (GOI), New Delhi through NEET All India Rank No. ....

I, say that on my own will and along with my parents/guardian, took admission to the ..... as per the DGHS allotment with NEET Roll No. .... Dated .....

I, say in consideration of admission to 1<sup>st</sup> year ..... (MBBS/MD/MS), I shall complete the ..... course. Accordingly, I undertake to pay all the tuition and other fees as demanded by Sri Devaraj Urs Academy of Higher Education and Research, Tamaka, Kolar. I am aware of the moral obligation that if I discontinue the course mid-stream, I have caused injustice to the society by depriving it of a qualified MBBS/MD/MS trained health professional.

In the event of my discontinuation of ..... course due to any reason; I along with my parent / guardian hereby undertake to pay balance tuition and other fees to ..... payable for the entire course without any demur. I also understand that the original documents submitted to the Institute at the time of admission, will be returned to me only after the payment of balance tuition payable for the entire course and other fees.

I Dr/Mr/Ms ..... Son/Daughter of ..... have been informed that after the completion of the MBBS/MD/MS course which I am pursuing in Sri Devaraj Urs Medical College constituent unit of Sri Devaraj Urs Academy of Higher Education and Research, Kolar, I will undertake to honor the

statutory regulations of **“The Karnataka Compulsory Service by Candidates Completed Medical Courses Act 2012”**. I am aware of the contents of the said Act and understand that penalty can be imposed on me under Section 6 of the Act for non-compliance with its provisions. I understand that Sri Devaraj Urs Medical College constituent unit of Sri Devaraj Urs Academy of Higher Education and Research, Kolar can choose to retain the original documents submitted by me till I comply with the provisions of the Act.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake to act accordingly. This, the . . . . . day of . . . . . 2022 at . . . . . Karnataka state.

Signature of the Candidate

Signature of the Parent / Guardian