

ANNEXURE-A

BOND TO BE EXECUTED BY ALL **IN-SERVICE CANDIDATES** AS PER G.O.Ms.No 252, DT 07-10-2022 of HM&FW (C1) DEPARTMENT, GOVERNMENT OF ANDHRA PRADESH AND G.O.Ms. No.206, HM&FW (C1) DEPT, DT 11-08-2022 OF GOVT. 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 here by swear an oath as follows:

1. I am admitted into PG Medical/Dental, Specialty under State Quota/Competent Authority Service Quota seats in Government Medical/Dental College/Private Medical/Dental College at <Name of the Medical College/Dental College and Place> for the academic year 2022-23

2. I am here with submitting the bond after reading and fully understanding the contents of the G.O.Ms.No.252, dt.07-10-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh and G.O.Ms.No.206, HM&FW (C1) Dept, Dt: 11-08- 2022 of Govt. of Andhra Pradesh.

3. I understand that all the admitted In-service candidates of PG Medical/Dental Degree courses under in-service quota seats after completion of the Post Graduate Degree course shall serve in the same area (Tribal/Rural/Continuous Regular service) from where the reservation was sought, to a minimum of six years (6) as per G.O.Ms.No.252, dt.07-10-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh and G.O.Ms.No.206, HM&FW (C1) Dept., dt.11-08-2022 of Govt. of Andhra Pradesh.

4. I am well aware of that the maximum duration to complete MD/MS/MDS is six (6) years from the date of admission including University examinations. The maximum duration to complete PG (Medical/Dental) Diploma is four (4) years from the date of admission including University Examinations.

5. It fail to abide by the bond by non rendering the services after completion of the course to a minimum of six (6) years a penalty of Rs.25,00,000/- (Rupees twenty five lakhs only) shall be levied against me and University shall cancel the PG Medical (or) Dental Degree/Diploma obtained by me.

Date:

Witness:

1. Signature:

Name and address in full

2. Signature:

Name and address in full

E-mail.ID:

Signature of candidate:

Name :

Address:

Aadhar

Mobile No.:

ANNEXURE-B

BOND TO BE EXECUTED BY **ALL NON-SERVICE CANDIDATES** AS PERG.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 here by _____ swear an oath as
follows:

1. I am admitted in to MD/MS specialty 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 2022-23.

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 into PG (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, AP 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 the PG (Medical) Degree, a penalty of Rs.40,00,000/- (Rupees forty Lakhs only) shall be levied against me.

Date:

Witness:

Signature of candidate:

1. Signature:

Name :

Name and address in full

Address:

2. Signature:

Aadhar No.:

Name and address in full

Mobile No.:

E-mail.ID:

ANNEXURE-III

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

(FOR ALL CANDIDATES)

I, Dr..... selected for Post Graduate Degree/Diploma for the year 2023-24 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.YSR University of Health Sciences a sum of Rs.3,00,000/- + 18% GST and refund the amount received as stipend up to that date to Government.

DATE:

Signature of the Candidate:

Witness

Sureties

1. Signature

1. Signature:

Name and address in full

Name and address in full

2. Signature.

2. Signature

Name and address in full

Name and address in full

N.B.:1. The Bond format shall be typed on the Non Judicial stamped paper.

2. Sureties should be of two permanent Gazetted Officers