

**ANNEXURE-I**

**(Non-  
Judicial Stamped paper for Rs.100/-  
Duly Notarised**

**(FOR ALL CANDIDATES)**

I, Dr.....S/o,D/o.....Selected for Post Graduate Degree/Diploma for the year 2025-26 do here by undertake to complete the said course as per the regulations of the university and Government rules for admissions . In the event of my leaving the studies after joining the course, I undertake to pay to KNR University of Health Sciences a sum of Rs. 50,00,000/- (Rupees fifty lakhs only) and refund the amount received as stipend up to that date to the institution.

Date:

Witness:

1. Signature:

Name and address in full

Mobile.No.

Mail.Id:

2. Signature

Name and address in full

Mobile. No.

Mail.Id:

Signature of the Candidate

Name and address in full

Mobile.No.

Mail.Id:

Signature of parent

Name and address in full

Mobile.No.

Mail.Id: