## **Annexure -VII**

## (NON-JUDICIAL STAMPED PAPER FOR RS.100/-)

## **SURETY - CUM - AGREEMENT BOND**

I, Dr	_with	Perman	ent Medica	l Council	Registration	No.
, Date	of	AP/TS	Medical	Council	selected	for
P.G [Degree/Diploma] Course	in_			at Kan	nineni Acade	my of
Medical Sciences And Research	Cen	tre, L.B.	Nagar, for	r the year	2024-2025	under
Management Quota / Govt. Q	uota,	do here	by underta	ke to cor	nplete the	said
course as per the requirements	of the	KNR U	Jniversity of	f Health S	ciences, War	rangal
and as per the norms of the mana	ageme	ent of at	Kamineni A	cademy of	Medical Sci	iences
And Research Centre, L.B. Naga	r, in	the even	t of my leav	ving the st	tudies in the	mid-
term. I undertake to pay to the at	Kami	neni Aca	demy of Me	edical Scien	nces And Res	search
Centre, L.B. Nagar, for the remain	ning pe	eriod of t	he course.			
Further I undertake that I will w	ork as	s Tutor /	Junior Res	ident in m	y departmen	t in at
Kamineni Academy of Medical S	cience	es And F	Research Cen	ntre, L.B. N	Nagar. I will	attend
all the inspections of Medical Co	uncil	of India,	New Delhi	& KNR U	niversity of I	Health
Sciences, T.S., Warangal to be	held	in future	in at Kam	nineni Aca	demy of Me	edical
Sciences And Research Centre, L.	B. Na	gar, till t	he completion	on of my co	urse.	
				Signature	e of the Cand	lidate
Date:						
Witnesses:						
1.Signature :						
Name & Address :						
2.Signature :						
Name & Address :						