

Annexure -VII

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

SURETY - CUM - AGREEMENT BOND

I, Dr. _____ with Permanent Medical Council Registration No. _____, Date _____ of AP/TS Medical Council selected for SSPG (M.CH/DM) Course in _____ at Kamineni Academy of Medical Sciences And Research Centre, L.B. Nagar, for the year 2025-2026, do hereby undertake to complete the said course as per the requirements of the KNR University of Health Sciences, Warangal and as per the norms of the management of at Kamineni Academy of Medical Sciences And Research Centre, L.B. Nagar, in the event of my leaving the studies in the mid- term. I undertake to pay to the Kamineni Academy of Medical Sciences And Research Centre, L.B. Nagar, for the remaining period of the course.

Further I undertake that I will work in my department in at Kamineni Academy of Medical Sciences And Research Centre, L.B. Nagar. I will attend all the inspections of Medical Council of India, New Delhi & KNR University of Health Sciences, T.S., Warangal to be held in future in at Kamineni Academy of Medical Sciences And Research Centre, L.B. Nagar, till the completion of my course.

Signature of the Candidate

Date:

Witnesses:

1. Signature :
Name & Address :

2. Signature :
Name & Address :