

I _____, D/o _____ Selected for BHMS course do here by undertake to complete the course as per the requirements of KNR University of Health Sciences in the event of my discontinuing the students after joining the course. I undertake to pay KNR University of Health Sciences a sum of Rs.1,00,000/- (Rupees One Lakh Only)

Signature of the candidate

I _____ Parent of _____ do here by undertake to pay KNR University of health Sciences a sum of Rs.1,00,000/- (Rupees One Lakh only) in case of discontinuing of BHMS course after joining by my daughter / son.

Date:

Signature of the parent

Witness

1. Signature
Name and Address in Full

2. Signature
Name and Address in Full