

**UNDERTAKING BY
THE PARENT/GUARDIAN**

I, Mr./Mrs./Ms. _____ (full name of
Parent/Guardian) father/mother/guardian of Mr./Mrs./Ms.
_____ (full name of student
admitted to _____ Course in
_____ (full name of the
College) is fully aware of the condition of the Undertaking given
by my ward.

Declared this _____ day of _____ month of _____ year

_____ Signature of Parent/Guardian.

Name

Address

Mob./Tel.No

**UNDERTAKING BY THE STUDENT
(ADMITTED IN GOVERNMENT/GOVERNMENT AIDED MEDICAL
COLLEGES UNDER 85% STATE QUOTA)**

I, _____ S/o/D/o Mr./Mrs./Ms. _____ (name of the having been admitted to MBBS/BDS in _____ institution) do hereby undertake that I shall serve Health Department, Government of Haryana for a period of 2 years after completion of my course.

2) In case, after completing MBBS/BDS, I am selected for admission to Post Graduate (MD/MS/PG Diploma/MDS) course, I shall complete the bond period of two years for MBBS/BDS after the completion of my Post Graduation Course.

3) I hereby solemnly aver and undertake that in case of non- fulfillment of the condition of the undertaking, I shall be liable to pay Rs 25.00 lakh to the State Government (for MBBS student) and Rs. 10.00 lakh to the State Government (for BDS student).

Declared this ____ day of _____ month of ____ year.

Signature of Student.

Name _____

Signature of the Parent

Name _____

* To be supported by executing an indemnity bond in favour of the State Government.