

**UNDERTAKING BY THE STUDENT ADMITTED IN
GOVERNMENT/GOVERNMENT AIDED MEDICAL/DENTAL COLLEGE IN
THE STATE OF HARYANA**

I _____ S/o/D/o Mr./Mrs./Ms. _____
having been admitted for pursuing MD/MS/MDS/Diploma/DNB Course
_____ in _____ (name of the Institution) do
hereby undertake that I shall abide by the terms & conditions as laid down in the
Policy as already referred in clause-15 of Admission notification dated 09.08.2023
to incentivize Doctors to opt for Govt. Service upon completion of Post Graduate
Degree/Diploma course from Government/ Government Aided Medical/Dental
Colleges in the State of Haryana.

2) After completion of Post Graduate Course, I shall complete the total duration of
Service Incentive Bond as laid down in the Policy to incentivize Doctors to opt for
Govt. Service upon completion of Post Graduate Degree/Diploma course from
Government/ Government Aided Medical/Dental Colleges in the State of Haryana.

3) I do hereby aver and undertake that in case of non fulfilment of the condition of
the undertaking and breach of the terms and conditions of the policy as already
referred in clause-15 of Admission notification dated 09.08.2023, I shall be liable
to pay the Bond money (as applicable) as per the Policy to incentivize Doctors to
opt for Govt. Service upon completion of Post Graduate Degree/Diploma course
from Government/ Government Aided Medical/Dental Colleges in the State of
Haryana.

Declared this _____ day of _____ of year _____.

Signature of Student

Signature of parent

Name _____

Name _____

Address _____

Mob./Tel. No. _____

Aadhar No. _____

Witness

Name _____

Address _____

Mob. No. _____

UNDERTAKING BY THE PARENT/GUARDIAN

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

Declared this _____ day of _____ of year _____.

Signature of parent

Name _____

Address _____

Mob./Tel. No. _____

Aadhar No. _____

Witness

Name _____

Address _____

Mob. No. _____