

ANNEXURE-A

BOND TO BE EXECUTED BY **ALL NON-SERVICE CANDIDATES** AS PER
G.O.Ms.No.251, HM&FW (C1) DEPARTMENT DT.02-10-2022 OF
GOVERNMENT OF ANDHRA PRADESH

Bond - Duly Notarized on Non-Judicial Stamped paper for Rs. 100/- [One
hundred rupees only]

I, Dr. _____ aged _____ years

S/o, D/o, W/o _____ Permanent resident of _____

_____ and Present Resident of _____

_____ do hereby
swear an oath as follows:

1. I am admitted in to MD/MS _____ Speciality under State Quota/Competent Authority Quota seats in Government Medical College/Private Medical College at <Name of the Medical College and Place> for the academic year 2025-26.
2. I am here with submitting the bond after reading and fully understanding the contents of G.O.Ms.No.251, dt.02-10-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh regarding the Compulsory Rural/Government Service to the Post Graduate (Medical) Degree candidates admitted into State Quota/Competent Authority Quota seats in Government Medical Colleges/Private Medical Colleges after completion of their course.
3. I understand that all the Non-service candidates who are admitted into PG (Medical) Degree courses in State Quota/Competent Authority Quota seats in Government Medical Colleges/Private Medical Colleges and successfully completed the Post Graduate Degree course shall under go one-year compulsory Rural/Government service in APVVP/DME,A.P Hospitals as per the G.O.Ms.No.251, dt.02-10-2022 of Govt. of Andhra Pradesh.
4. If I fail to abide by the bond either by not joining (or) by not completing the stipulated one year Rural/Government service period of one year within a maximum period of 18 months after obtaining the PG (Medical) Degree, a penalty of Rs.40,00,000/- (Rupees forty lakhs only) shall be levied against me.

Date:

Witnesses:

Signature of the candidate

1. Signature:

Name and address in full

Name:

Address:

2. Signature:

Name and address in full

Aadhar No:

Mobile No:

E-maid ID:

PERSONAL DETAILS
(To be submitted by the Non-Service Candidate along with the
bond for the academic year 2025-26)

1	Name	
2	Age & date of birth	
3	Father's Name	
4	Mother's Name	
5	Present Address	
6	Permanent Address	
7	Mobile Number	
8	E-mail ID	
9	Aadhar No	
10	State Medical Council Registration Number	
11	NEET Rank	
12	NEET Roll Number	
13	Allotment number issued by Dr.NTR UHS	
14	Name of the College to which candidate is admitted	
15	PG (Medical) Degree Speciality	

Date:

Signature of the candidate

Name:

Mobile No:

Aadhar No:

E-mail ID:

Address :

ANNEXURE- II

DISCONTINUATION CERTIFICATE

(FOR ALL CANDIDATES)

This is to certify that P.G. student in course
of academic year admitted on has
discontinued the course on by paying the bond amount of
₹.3,00,000/- + 18% GST (₹. 3,54000/-) through Demand Draft No..... date
of bank and the stipend
₹. through Challan No. / D.D.No. and date
.....

College Seal

Signature of the Principal with seal

Date

ANNEXURE - III
(Non-Judicial Stamped paper for ₹. 100/-)
(FOR ALL CANDIDATES)

I, Dr..... selected for Post Graduate Degree/Diploma for the year 2025-26 do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to Dr. NTR University of Health Sciences a sum of ₹.3,00,000/- + 18% GST and refund the amount received as stipend up to that date to Government.

Date :

Signature of the Candidate

Witness :

1. Signature :

Name and address in full

2. Signature :

Name and address in full

ANNEXURE – V

DECLARATION (For Re-admission)

I Son of/Daughter of
Residing at and admitted to in 1st year of (Name of
the PG course) at (Name of the College) for the
academic year 2025-26 do hereby solemnly affirm and sincerely state as follows:

I declare that I shall abide by the rules and regulations prescribed by the Dr. NTR University of Health
Sciences, Vijayawada for the (course) including regulations for
re-admission after the break of study.

Date :

Signature of candidate

/ Countersigned /

Dean / Principal / Director
(Office date with seal)

ANNEXURE – VI

PROFORMA FOR RE-ADMISSION

1. Name of the student :
2. Name of the course and period of study :
3. Name of the College :
4. Date of joining the course :
5. Duration of break of study : From : To:
6. Details of examinations appeared & Subjects passed :
7. Reasons for the period of break of study : of the course (Evidence should be produced)
8. The details of previous break of study :
(Enclose Xerox copy of the permission Order of the University, if any)
9. Whether any disciplinary case is pending :
10. Whether the candidate has registered with :
this University, if so furnish the Regn. No.
11. Details of Fee paid : DD.No:
: Date
: Bank
₹. 7,000/- (**Processing fee : ₹. 2000/-** Amount Paid ₹.
+ Re-admission/break of study fee: ₹. 5000/-,
(The DD should be in favour of the Registrar, Dr. NTR UHS payable at Vijayawada)
12. Previous Correspondence if any made :
(Furnish copies of relevant records)
Signature of the candidate
13. Remarks of the Dean / Principal / Director concerned:

Certified that the details furnished above in respect of the candidate are verified and found to be correct.

Signature of the Dean/Principal/Director

With seal