(To be printed on Rs. 1000/- Non-Judicial Stamp Paper)

MONEY BOND

I, _____,
son/daughter of _____ , aged about _____ **years**,
residing at _____
_____ _____,
holding PAN No. _____and Aadhaar No. _____,
having been provisionally admitted to the MBBS Course at Netaji Subhas Medical College and Hospital, Adityapur, Seraikela-Kharsawan do hereby execute this Money Bond in favour of the Management of Netaji Subhas Medical College and Hospital.

I hereby solemnly affirm and undertake as follows:

1. That I have taken admission to the MBBS Course of Netaji Subhas Medical College and Hospital after fully understanding the fee structure and other financial obligations prescribed by the College and the Competent Fee Fixation Authority.
2. That I undertake to pay the prescribed tuition fee, hostel fee, mess charges, examination fee, caution deposits (where applicable), and all other charges as notified by the College from time to time for the entire duration of the MBBS Course, including the compulsory rotating internship, as applicable.
3. That I further undertake that in the event I discontinue, withdraw, resign, abandon, or terminated by the college authority or otherwise leave the MBBS Course before its completion for any reason whatsoever, I shall remain liable to pay the entire course fee and other applicable charges for the remaining period of the course, as per the rules, regulations, and policies applicable to the College and the directions of the Competent Authorities.
4. I further agree to indemnify and keep indemnified Netaji Subhas Medical College and Hospital against any loss, damage, claim, or financial liability arising out of my failure to comply with the above undertaking.
5. I declare that I have executed this Bond voluntarily, without any coercion or undue influence, after fully understanding its contents and legal implications.

I hereby bind myself, my legal heirs, executors, administrators, and representatives to faithfully abide by the terms and conditions of this Undertaking-cum-Indemnity Bond.

In witness whereof, I have signed this Bond at Netaji Subhas Medical College and Hospital, Adityapur, Seraikela-Kharsawan, on this _____ day of _____, 20.

Signature of Student

Name: _____

Signature: _____

Date: _____

Signature of Parent/Guardian

Name: _____

Relationship: _____

Signature: _____

Date: _____