

KRISHNA INSTITUTE OF MEDICAL SCIENCES "DEEMED TO BE UNIVERSITY", KARAD

Accredited by NAAC with 'A' Grade (CGPA: 3.20 on 4 Point Scale)
An ISO 9001:2008 Certified University

Declared U/s 3 of UGC ACT, 1956 vide Notification no.F.9-15/2001-U.3 of the Ministry of Human Resource Development, Govt. of India

Karad, Dist.: Satara (Maharashtra State) Pin: 415110

Website: www.kimskarad.in

Tel: 02164-241555-8, 241410

E-mail: coe@kimsuniversity.in

BOND CONDITIONS:

A candidate admitted for the post graduate course shall be required to submit an undertaking and refundable security Deposit of Rs. 2 Lacs for serving the institution for a period of one year after passing University Examination, if required by the institution. The security Deposit shall be forfeited in case of failure to comply with the undertaking.

Provided the amount of security deposit for students admitted in the subjects of Oral Pathology and Microbiology shall be Rs. 1 Lacs only. However if they fail to comply with the bond, they are liable to pay an amount of Rs. 2 Lacs in lieu of the service bond.

Competent Authority, KIMSDU, Karad.



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(Affidavit On court stamp of Rs. 100/-)

UNDERTAKING

I, the undersigned Dr	do hereby undertake to serve as
per the provisions of the post graduate admission rul	es Krishna Institute of Medical Sciences
"Deemed to be University" for a period of one year after	completion of my Post – Graduate course
in the department of	
I also agree to deposit Rs. 2.00 lacs of one year of service	ce at Krishna Institute of Medical Sciences
"Deemed to be University" before my reporting date to	postgraduate course and in case I fail to
fulfill the above condition, the institution shall have an abs	solute right to forfeit the above deposite.
Date:	Yours Faithfully,
Place : Karad.	

<u>UNDERTAKING</u>

aged about Years is being provisionally admitted for
Course at Krishna Institute of Medical Sciences "Deemed to be University", Karad on
1) I hereby undertake to make payment of the tuition fees and other fees as decided by the University from
time to time during the continuance of my education at this Institute.
2) I further state that in case of failure of my part to pay the fees within stipulated period, the University will
take disciplinary action against me
3) I will abide by Rules & Regulations of Krishna Institute of Medical Sciences "Deemed to be University",
Karad .
4) I will carry out faithfully all the duties allotted as per orders, from time to time by competent authorities.
5) I will complete all the University related formalities like Migration Certificate, Essentiality Certificate etc.
within one week otherwise I alone will be responsible for deferment of my term if University decides
accordingly.
6) I will deposit an amount of Rs. 2 lakhs before my reporting date in lieu of Post PG services of one year &
Sign PG Bond . Otherwise my admission stands cancelled.
NAME OF STUDENT
SIGNATURE OF STUDENT
WITNESS
1.
2.
I agree with this undertaking.
NAME OF PARENT
SIGNATURE OF PARENT