

Accredited by NAAC with 'A+' grade An ISO 9001:2015 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 : 415539 Tel : 02164-241555-8 (Extn. 563)

Website: www.kimskarad.in | E-mail: coe@kimskarad.in

BOND CONDITIONS:

A candidate admitted for the post graduate course shall be required to submit an undertaking and refundable security Deposit of Rs. 5 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 following Pre-clinical and Paraclinical subjects shall be Rs. 1 Lacs only.

- 1. Anatomy
- 2. Physiology
- 3. Biochemistry
- 4. Microbiology
- 5. Pharmacology
- 6. Community Medicine
- 7. Pathology

SD/-Nodal Officer, 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 rules of	of Krishna Institute of Medical Sciences
"Deemed to be University" for a period of one year after co	mpletion of my Post – Graduate course
in the department of	
I also agree to deposit Rs. 5.00 lacs as security deposit in	lieu of one year of service at Krishna
Institute of Medical Sciences "Deemed to be University" be	fore my reporting date to postgraduate
course. In case I fail to fulfill the above condition, of one ye	ear service, the institution shall have an
absolute right to forfeit the above deposit.	
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	d or
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	y wil
take disciplinary action against me.	
3) I will abide by Rules & Regulations of Krishna Institute of Medical Sciences "Deemed to be Univers	sity"
Karad.	
4) I will carry out faithfully all the duties allotted as per orders, from time to time by competent authority	ties.
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 dec	cides
accordingly.	
6) I will deposit an amount of Rs. 5 lakhs before my reporting date in lieu of Post PG services of one ye	ar &
Sign PG Bond. Otherwise my admission stands cancelled.	
I am aware that, I am liable to pay the entire course fee, in case I cancel the admission after the second r	ound
of counselling.	
NAME OF STUDENT	
SIGNATURE OF STUDENT	
WITNESS	
1.	
2.	
I agree with this undertaking.	
NAME OF PARENT	