ANNEXURE-VIII

(NON-JUDICIAL STAMPED PAPER FOR RS.100/-)

SURETY - CUM - AGREEMENT BOND

I, Dr._____with Permanent Medical Council Registration No. _____, Date: _____of AP/TG Medical Council selected for **P.G [Degree] Course** in_____at **Kamineni Academy of Medical Sciences And Research Centre, L.B. Nagar, for the year 2026-2027** under **Govt. Quota/ Management Quota**, do hereby undertake to complete the said course as per the requirements of the KNR University of Health Sciences, Warangal and as per the norms of the management of Kamineni Academy of Medical Sciences And Research Centre, L.B. Nagar. In the event of my leaving the studies in the mid-term. I undertake to pay to Kamineni Academy of Medical Sciences and Research Centre, L.B. Nagar, **balance of fees for the remaining period of the course.**

Further I undertake that I will work as Tutor / Junior Resident in my department in Kamineni Academy of Medical Sciences And Research Centre, L.B. Nagar. I will attend all the inspections of National Medical Commission, New Delhi & KNR University of Health Sciences, T.S., Warangal to be held in future in Kamineni Academy of Medical Sciences And Research Centre, L.B. Nagar, till the completion of my course.

Signature of the Candidate

Date:

Witnesses:

1. Signature :
Name & Address :

2. Signature :
Name & Address :