

4 B.
ANNEXURE-B

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
herebyswear 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 2023-24.
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 2023-24)

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.YSR 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 :