

ANNEXURE-A

BOND TO BE EXECUTED BY ALL **IN-SERVICE CANDIDATES** AS PER G.O.Ms.No.206, DT.11-08-2022 of HM&FW (C1) DEPARTMENT, GOVERNMENT OF ANDHRA PRADESH AND G.O.Ms.No.150, HM&FW (C1) DEPT., DT.11-12-2021 OF GOVT. 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 hereby
swear an oath as follows:

1. I am admitted into PG Medical/Dental _____ Speciality under State Quota/Competent Authority Service Quota seats in Government Medical/Dental College/Private Medical/Dental College at <Name of the Medical College/Dental College and Place> for the academic year 2022-23.
2. I am here with submitting the bond after reading and fully understanding the contents of the G.O.Ms.No.206, dt.11-08-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh and G.O.Ms.No.150, HM&FW (C1) Dept., dt.11-12-2021 of Govt. of Andhra Pradesh
3. I understand that all the admitted In-service candidates of PG Medical/Dental Degree courses under In-service quota seats after completion of the Post Graduate Degree course shall serve in the same area (Tribal/Rural/Continuous Regular service) from where the reservation was sought, to a minimum of six years (6) as per G.O.Ms.No.206, dt.11-08-2022 of HM&FW (C1) Department of Govt. of Andhra Pradesh and G.O.Ms.No.150, HM&FW (C1) Dept., dt.11-12-2021 of Govt. of Andhra Pradesh.
4. If I fail to abide by the bond by non rendering the services after completion of the course to a minimum of six (6) years a penalty of Rs.15,00,000/- (Rupees fifteen lakhs only) per year shall be levied against me.

Date:

Witnesses:

Signature of the candidate

1. Signature:

Name:

Name and address in full

Address:

2. Signature:

Aadhar No:

Name and address in full

Mobile No:

E-maid ID:

PERSONAL DETAILS

(To be submitted by the In-service Candidate along with the bond for the academic year 2022-23)

1	Name	
2	Age & date of birth	
3	Father's Name	
4	Mother's Name	
5	Present Address	
6	Permanent Address	
7	HoD of Department with full address (VVP/DME/ESI/DH of A.P/TS)	
8	Mobile Number	
9	E-mail ID	
10	Aadhar No	
11	State Medical Council Registration Number	
12	NEET Rank	
13	NEET Roll Number	
14	Allotment number & Date issued by Dr.NTR UHS	
15	Name of the Medical/Dental College to which candidate is allotted	
16	PG Medical/Dental Degree Speciality to which candidate is allotted	

Date:

Signature of the candidate

Name:

Mobile No:

Aadhar No:

E-mail ID:

Address :