

ARIMS FEE BOND

MBBS ADMISSIONS 2023-24

PROFORMA FOR BOND MBBS (Rs. 100/- STAMP PAPER with NOTARY)

I, Mr/Ms. _____ S/o / D/o: _____ selected for MBBS Course under _____ (A/B/C) Category and reported on _____ and taken admission in Arundathi Institute of Medical Sciences, Dundigal, Hyderabad, Telangana do hereby undertake to complete the course as per the requirements of KNR University of Health Sciences and Arundathi Institute of Medical Sciences. In the event of my discontinuing the studies after closing of UG admissions 2023-24, I undertake to pay the complete course fee to Arundathi Institute of Medical Sciences.

Signature of the Candidate

I, Mr/Mrs. _____ parent of
Mr/Ms. _____ do hereby undertake to pay Arundathi Institute of Medical Sciences, the complete course fee (Five Years) in case of discontinuation of MBBS Course after closing of UG admissions 2023-24 by my Son/Daughter.

Date:

Signature of Parent

Witness Signatures

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.

