

**Execution of Bond by the Candidate for PG Degree**

Course .....at .....

Medical College..... for session.....

I, Sri/Smt.....

S/o / D/o .....

Resident at .....

.....

Being selected for PG Degree course .....  
at..... Medical

College....., do hereby undertake to pay a sum of Rs. ....  
(Rupees ..... only ) to the ICARE Institute of Medical  
Sciences and Research & Dr. Bidhan Chandra Roy Hospital, Haldia. If I resign or discontinue the course  
before completion of tenure of the course as prescribed by the Govt. in pursuance of G.O. No.  
HF/O/MERT/1542/Admn/ME/STM-18-10 dated 25/21/2010, moreover it shall be obligatory on my  
part to observe or perform all terms and conditions prescribed in the proforma by the Govt. for the  
aforesaid purpose.

.....

Signature of the student in full

In presence of witness

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Signature of the witness

Accepted on behalf of the ICARE Institute of Medical Sciences and Research & Dr. Bidhan Chandra  
Roy Hospital, Haldia.