

**Indemnity Bond for the post graduate trainee(other than state govt. of West Bengal sponsored in-service doctors) to serve the State Govt. of West Bengal**

Execution of bond by the candidate for PG Degree course in .....  
.....at .....  
Medical College situated in ..... for the session.....

I, Sri/Smt.....

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

Resident at .....

.....

being selected for PG Degree course in .....  
at..... Medical  
College situated in ..... for the session ....., do hereby state that  
after successful completion of the Post Graduate course in State Medical Teaching Institutions in West  
Bengal, shall abide by the terms and conditions of Govt. Notification No. HF/O/MERT/912/ME/MISC-  
78-13 dated 31/07/2017 as the same stands modified by the Government Notification No.  
HF/O/MERT/923/ME/MISC-78-13 dated 10/06/2014 both of MERT branch of Department of Health  
and Family Welfare Government of West Bengal to work in multispecialty/super specialty  
Hospitals/Secondary /Tertiary level Hospitals in West Bengal for a continuous period of Three years to  
serve the people failing which, I shall be liable to recompense the State Government of West Bengal  
a penal amount of Rs. ....for each defaulting year while State Government of West  
Bengal shall be at liberty to realize the said penal amount from me in accordance with law.

I do hereby also accept the fact that all original documents (Mark Sheets, Certificates and documents  
as required by the department of Health and Family Welfare, Government of Wet Bengal from time  
to time) will be retained by the department of the concerned Medical Teaching Institution in West  
Bengal for the purpose of Ensuring successful completion of the bond period or repayment of penal  
amount, as may be applicable by the same Government Notification as state above.

I further understand that during the bond period, I will be Designated as Senior Resident and it shall be obligatory on my part to observe or perform according to the rules and regulation for the senior resident in the State of West Bengal prevailing during the tenure of the afore stated bond period.

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Signature of the student in full with date

In present of witness

.....

Signature of witness with date

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

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Signature of the student in full

In presence of witness

.....

Signature of the witness

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