

**ANNEXURE -II**

**( Non-Judicial Stamped paper for  
Rs.100/-)  
Duly Notarised**

**(FOR ALL CANDIDATES)**

I, Dr ..... S/o , D/o .....Selected for Post Graduate Degree/Diploma for the year 2024-25 do here by undertake to complete the said course as per the regulations of the university and Government rules for admissions . In the event of my leaving the studies after joining the course, I undertake to pay to KNR University of Health Sciences a sum of Rs. 50,00,000/- (Rupees fifty lakhs only) and refund the amount received as stipend up to that date to the institution.

Date :

Witness:

1. Signature:

Name and address in full

Mobile. No.

Mail. Id:

2. Signature

Name and address in full

Mobile. No.

Mail. Id:

Signature of the Candidate

Name and address in full

Mobile. No.

Mail. Id:

Signature of parent

Name and address in full

Mobile. No.

Mail. Id: