

**UNDERTAKING PROVIDED BY CANDIDATE SELECTED FOR ADMISSION TO MBBS DEGREE COURSE AT ..... GOVERNMENT MEDICAL COLLEGE, HARYANA**

I..... s/o,d/o,w/o..... R/o ..... have carefully perused and understood the provisions of the Policy for incentivizing Doctors to opt for Government Service after completing MBBS Degree Course and revising the fee structure in Government Medical Colleges for MBBS Degree Course 2020-21 notified vide No. 16/17/2019-6HBIV dated 06/11/2020.

I understand and acknowledge that on my admission to the \_\_\_\_\_ Government Medical College, I have the option of obtaining a loan facilitated by the Government of Haryana (hereinafter termed as “State Government”) for paying the bond amount or pay the entire bond amount without recourse to the loan. I also understand and acknowledge that I am eligible for a Student Loan under the Policy for Higher Education Loan Credit Guarantee Scheme of the State Government under which the State Government may guarantee the education loan taken for admission on fulfillment of the terms and conditions of the Policy as amended from time to time.

I also understand and acknowledge that, on graduation (including internship) in case, I am successful in obtaining employment with any Public Health Institution/Government Medical College of the State Government after due process as may be specified, then the State Government shall repay the installments of the loan (both principal and interest) till the time I am in the service of such Public Health Institution/Government Medical College of the State Government which shall be in addition to the salary and other allowances due.

I also understand and acknowledge that if I do not wish to obtain employment in any any Public Health Institution/Government Medical College of the State Government, I will be liable for the repayment of the loan obtained (including interest) and the Bank providing the loan or the State Government, as the case may be, shall recover the amount of default or take such action for recovery as per policy notified from time to time.

Having clearly understood and agreed with the terms and condition herein above, I do hereby affix my signature on the day mentioned above.

1. ....  
Signature of candidate for admission.  
Name and other details of candidate:  
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In the presence of:

2. ....  
Signature of Parent/Guardian of the candidate for admission.  
Name and other details of Parent/Guardian of the candidate:

Self Attested Photograph of the Medical Students
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Self Attested Photograph of the Parent/Guar dian
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