(On Rs. 500/- stamp paper)

Declarations and Bonds to be furnished by students and parents

Bond to pay the fees for A.Y. 2025-26, including subsequent Year(s)/ Semester(s) as prescribed from time to time

*(To be signed by all **candidates** admitted to the MD/MS Programme with SMCW & SUHRC)*

I, Dr. _____, Age: _____, Address: _____, having been admitted to the MD/MS Programme with Symbiosis Medical College for Women & Symbiosis University Hospital and Research Centre (SMCW & SUHRC), a Constituent of Symbiosis International [Deemed University], do hereby declare and undertake by this Bond as under:

1. I have taken a conscious decision to pursue the MD/MS Programme at Symbiosis Medical College for Women & Symbiosis University Hospital and Research Centre ["SMCW & SUHRC"], a Constituent of Symbiosis International [Deemed University], after reading and understanding all the applicable Rules and Regulations.
2. I have paid the Academic, Administrative, Hostel and Mess Fees, including Institute and Hostel Deposit at the time of admission, and undertake to pay the fees for subsequent Year(s)/ Semester(s) as prescribed from time to time.
3. I undertake that in case I cancel/ discontinue/ withdraw admission to the MD/MS Programme after the cut-off date, I shall deposit the Academic Fees of subsequent Year(s)/ Semester(s) to obtain the NOC from SMCW/ SUHRC/ SIU.
4. I undertake to pay all my fees to Symbiosis Medical College for Women & Symbiosis University Hospital and Research Centre through banking channels only and NOT IN CASH.
5. I understand that Hostel/ Mess Fees of subsequent Year(s)/ Semester(s) shall also increase by 10% on a yearly basis, and I undertake to pay the revised Hostel/ Mess Fees as prescribed from time to time.
6. I understand that University examination fees are levied. The examination fees are not part of academic tuition fees and are to be paid after a student attains eligibility to appear for the University examination.
7. I undertake to pay the Repeater/ Backlog examination fees as prescribed and revised from time to time.

8. I undertake to serve Senior Residency (SRship) at SUHRC after obtaining the post-graduate degree. In case I choose not to do so, I will pay a bond penalty of Rs. 10 lakhs. In case I receive a scholarship, the mandatory SRship period will be 3 years, and if I choose not to complete the 3-year bond, I will pay the penalty and the scholarship amount awarded (Rs. 10 lakhs plus Rs. 3 lakhs). If I choose to complete only a part of the 3-year bond/ SRship but not the full period, I will need to pay Rs. 10 lakhs plus Rs. 3 lakhs minus the number of years served.

9. I understand that government taxes would be additional as and when applicable and I undertake to pay them as and when required.

10. I understand that the College has relied upon documents submitted by me to grant provisional admission and undertake that I have submitted true and genuine documents to ascertain eligibility for provisional admission. I am solely responsible for the consequences of false information, falsified/ fraudulent/ forged documents etc., and am aware that it will amount to cancellation of admission, including legal consequences.

11. I undertake to abide by the Refund Rules as prescribed by the DGHS/ MCC/ NMC/ SIU.

12. I undertake to abide by the guidelines/ rules/ regulations pertaining to admission, academics, clinical postings, duties at SMCW & SUHRC, examination, anti-ragging, anti-discrimination and anti-sexual harassment, including code of conduct in accordance with NMC/ SIU/ SMCW & SUHRC norms.

13. I undertake that I have adequate financial resources to pay my fees regularly as required. I understand and undertake that reasons like inability to obtain a loan, loss in business, loss of employment, and other such reasons will not be offered by me for not paying the prescribed fees.

Place: _____ Date: _____

Candidate's Name & Signature: _____

Parent's/ Guardian's Name & Signature:

(On Rs. 500/- stamp paper)

Declarations and Bonds to be furnished by parents

Bond to pay the fees for A.Y. 2025-26, including subsequent Year(s)/ Semester(s) as prescribed from time to time

(To be signed by parents of all candidates admitted to the MD/MS Programme with SMCW & SUHRC)

To pay the fees for A.Y. 2025-26, including subsequent Year(s)/Semester(s) as prescribed from time to time

I, _____, Age: _____, Address: _____, having my ward admitted to the **MD/MS Postgraduate Programme** at **Symbiosis Medical College for Women (SMCW)** & undergoing training at **Symbiosis University Hospital and Research Centre (SUHRC)**, do hereby declare and undertake by this Bond as under:

1. I know that my ward **Dr.** _____ has secured admission to pursue the **MD/MS postgraduate programme** at Symbiosis Medical College for Women ["SMCW"], a Constituent of Symbiosis International [Deemed University] ("SIU").
2. I have read the **prospectus of the MD/MS programme** at SMCW carefully and understood all the applicable Rules and Regulations prescribed by **NMC / MCC / SIU / SMCW & SUHRC**, including those relating to academics, training, discipline, and fees.
3. I have read the contents of the **undertaking given by Dr.** _____, which he/she has read and signed in my presence.
4. I have in particular read and understood the **bond / undertaking regarding the payment of remaining fees**, in the event of withdrawal of admission by my son/daughter/ward under any of the circumstances mentioned therein, including:
    a] voluntary withdrawal;
    b] withdrawal on account of disciplinary action;
    c] withdrawal on account of submission of false/forged documents; d] any other circumstances as prescribed by SMCW / SIU / Symbiosis.
5. I understand that **SMCW & SUHRC / SIU / Symbiosis** has the right to recover the remaining fees under all/any such circumstances.
6. I undertake to **SMCW & SUHRC / SIU / Symbiosis** that I shall be **jointly and/or severally liable** to pay the amount of the remaining

fees, as then payable, on demand, at the time of withdrawal of admission. I also agree that in case I fail to pay the remaining fees on demand, then **SMCW & SUHRC / SIU** will be entitled to take any appropriate legal and/or administrative action jointly and/or severally against me and my son/daughter/ward.

7. I further agree and undertake that the **undertaking/declaration given by Dr. _____ and by me is irrevocable** and shall remain in full force and effect until the payment of all remaining fees, and that **SMCW & SUHRC / SIU / Symbiosis** would be fully authorised to take any lawful action for realisation/recovery of the amount of the remaining fees.

Place: _____ Date: _____

Parent's / Guardian's Name:

Signature: