**(On Stamp Paper as applicable/prescribed in respective State/Union Territory)**

**(To be executed before a Notary Public)**

**Indemnity Bond to pay the fees for A.Y. 2024-25 including subsequent Year(s)/ Semester(s) as prescribed from time to time**

**(To be executed by all candidates admitted to the M.B.B.S. Programme with SMCW)**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Age: \_\_\_\_\_\_\_\_\_, Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having been admitted to the M.B.B.S. Programme with Symbiosis Medical College for Women, do hereby declare and undertake by this Bond as under:

1. I have taken conscious decision to pursue M.B.B.S. Programme at Symbiosis Medical College for Women [**“SMCW”**], 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 by the ***due date. I understand that I will have to face the consequences resulting from nonpayment of fees including removal of my name from the rolls of the College/University***.
3. I undertake that in case, I cancel/ discontinue/ withdraw admission of M.B.B.S. Programme after cut-off date, I shall deposit Academic Fees of subsequent Year(s)/ Semester(s) to obtain the NOC from SMCW/ SIU.
4. I understand that Academic Fees shall increase by 10% in the subsequent Years(s)/ Semester(s) during the entire period (duration) of my M.B.B.S. Programme at SMCW and undertake to pay such increased fees.
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 undertake to pay the ***Regular/***Repeater/ Backlog ***University*** examination fees as prescribed and revised from time to time.
7. I understand that in case I fail in the Supplementary University Examination/s and am required to repeat training with the next junior batch, I shall have to pay Annual Academic (Tuition) Fees and Examination fees on pro-rata basis.
8. I understand that applicable taxes would be additional as and when applicable and I undertake to pay the same as and when required.
9. I understand that the College has relied upon documents submitted by me to grant provisional admission and assure that I have submitted the true and genuine documents to ascertain eligibility for provisional admission and ***am*** solely responsible for the consequences for false information, falsified/ fraudulent/ forged documents etc., and ***am*** aware that it will amount to cancellation of admission including legal consequences.
10. I undertake to abide by the Refund Rules as prescribed by the DGHS/ MCC/ NMC/ SIU.
11. I undertake to abide by the Guidelines/ Rules/ Regulations pertaining to Admission, Academics, Examination, Anti-Ragging, Anti-Discrimination and Anti-Sexual Harassment including Code of Conduct as prescribed by the MCI/ NMC/ SIU or any other statutory authority.

Place:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Candidate’s Name:

**(On Stamp Paper as applicable/prescribed in respective State/Union Territory)**

**(To be executed before a Notary Public)**

**Indemnity Bond to pay the fees for A.Y. 2024-25 including subsequent Year(s)/ Semester(s) as prescribed from time to time**

**(To be executed by Parent/ Guardian)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Age: \_\_\_\_\_\_\_\_\_, Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ having being admitted to the M.B.B.S. Programme at Symbiosis Medical College for Women, do hereby declare and undertake as under:

1. I know that my ward Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has secured admission to pursue M.B.B.S. Programme at Symbiosis Medical College for Women [**“SMCW”**], a Constituent of Symbiosis International [Deemed University].
2. I have read the Prospectus of M.B.B.S. Programme at Symbiosis Medical College for Women [**“SMCW”**] carefully and understood all the applicable Rules and Regulations prescribed by MCI/ NMC/ MCC/ SIU.
3. I have read the contents of the Undertaking given by Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which she has read and signed in my presence.
4. I have in particular read and understood the Bond / Undertaking about the payment of remaining fees, on withdrawal of admission by my daughter under any of the circumstances as mentioned above, including a] on account of voluntary withdrawal; b] on account of disciplinary action; c] on account of submission of false / forged documents etc. I have understood that SMCW/ SIU/ Symbiosis has the right to recover the remaining fees, under all / any such circumstances.
5. I undertake to SMCW/ SIU/ Symbiosis that I shall be jointly and/or severally liable to pay the amount of remainder, as then payable, on demand to SMCW/ SIU/ Symbiosis, as the case may be, at the time of withdrawal of admission. I also agree that in case I fail to pay the remaining fees, on demand, then SMCW / SIU, will be entitled to take any appropriate legal/ administrative action jointly and/ or severally against me and my daughter/ ward.
6. ***I have in particular read and understood the fee structure at SMCW. I declare that I have the financial capacity to fulfil the fee obligations of my ward. I hereby undertake that I will not put up any excuses whatsoever for non-payment of fees.***
7. ***I understand that in case my ward fails in the Supplementary University Examinations and is required to repeat training with the next junior batch, I shall have to pay Annual Academic (Tuition) Fees and Examination fees on pro-rata basis.***
8. ***I undertake to SMCW/ SIU/ Symbiosis that I shall be jointly and/or severally liable to pay the fees for subsequent Year(s)/ Semester(s) as prescribed from time to time by the due date. I also agree that in case I fail to pay the fees, on demand, then SMCW / SIU, will be entitled to take any appropriate legal/ administrative action jointly and/ or severally against me and my daughter/ ward. I understand that I will have to face the consequences resulting from nonpayment of fees including removal of the name of my ward from the rolls of the College/University.***
9. I further agree and undertake that the undertaking/ declaration given by Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and me is irrevocable and shall remain in full force and effective till the payment of remaining fees and SMCW/ 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: