

जेन पी०एम०एच०एस० कैंडर के चिकित्सा अधिकारियों का पी०एम०एच०एस० आरक्षित सीट के सापेक्ष राजकीय मेडिकल कालेजों में एम०डी०/एम०एस० पाठ्यक्रम में चयन हुआ है, ऐसे चिकित्सा अधिकारियों द्वारा निम्न बॉन्ड को नोटरी से सत्यापित कराकर प्रवेश से पूर्व विभाग में प्रस्तुत किया जाना आवश्यक होगा।

Office of the Director General Medical and Health Services U.P. Lucknow.

Format of Bond (2011) for Medical officer who are selected against reserved seats of MD/MS Courses in of Govt Medical Colleges of U.P.

STAMP PAPER OF 100 RUPEES

Known all men by these present that we (1) Dr.....S/o or D/o.....R/o..... at present posted as a medical officer at..... & selected candidate of MD/MS..... at..... Medical College (hereinafter referred to as "Principal.")

(2) Shri.....S/o.....R/o..... (hereinafter referred to as the "Surety"), do here by jointly and severally bind ourselves (and shall include our respective heirs, executors administrators etc.) to pay to the Government of Uttar Pradesh through Director General Medical and Health Services Government of Uttar Pradesh, Lucknow (hereinafter referred to as "GOUP" on demand without any demur, claim, proceedings the sum not exceeding Rs. 1,00,00,000/- (Rupees One crore) only within a Period of two weeks from the date of such demand;

WHEREAS the above said "Principal" has been selected in the discipline/Department of MD/MS..... against reserved seats of MD/MS Courses for PMHS Doctors in Government Medical Colleges of Uttar Pradesh against the post of Resident for a period of three years, with effect from.....;

AND WHEREAS the above said "Principal" after completing MD/MS courses, will continue for at least Ten years (10 years) in regular services in Medical & Health Department of Government of Uttar Pradesh; AND WHEREAS the above said

[Handwritten signature]

"Principal" has also undertaken that if He/She leaves the services before the period of 10 years, He/She is liable to pay a sum of Rs. 1,00,00,000/- (Rupees One crore) only to the GOUP.

NOW THE CONDITION of above written bond is that if the said.....(Principal) shall duly and faithfully observe all these stipulations and conditions on his part to be observed and performed, then above written Bond shall be void otherwise the same shall remain in full force .

SIGNED EXECUTED AND DELIVERED ON THIS DATE.....IN THE PRESENCE OF FOLLOWING TWO WITNESSES.

Signature
(Medical Officer Name)
(Principal)

TWO WITNESS:-

(I)

- 1- Name-
- 2- Fathers name-
- 3- Age-
- 4- Resident of-
- 5- I.D Proof detail & no-

Signature Surety name
and address

(II)

- 1- Name-
- 2- Fathers name-
- 3- Age-
- 4- Resident of-
- 5- I.D Proof detail & no-