

(on Rs. 100/- E-paper)

COURSE DISCONTINUATION BOND

In consideration of the Kanachur Institute of Medical Sciences, Natkeal, Mangaluru, Karnataka, having agreed to provide admission in UG Medical MBBS course KEA / KRLMPA / NRI / MANAGEMENT category to me Mr./Ms. _____ S/o / D/o. _____ resident of _____ on the basis of NEET UG 2025 All India Rank No. _____. This agreement bond on _____ the day of _____ between Mr./Ms. _____ S/o / D/o _____ (his/her heirs; administrators; executors and legal representatives) on the one part and the Kanachur Institute of Medical Sciences, Natekal, Mangaluru, Karnataka on the other part to do hereby solemnly affirm and declare as under:

1. That I have been provisionally selected for admission to under graduation medical MBBS course allotted by the KEA / KRLMPA / NRI / MANAGEMENT (as the case may be) for the Academic Year 2025-26 at the Kanachur Institute of Medical Sciences, Natekal, Mangaluru, Karnataka and I will be joining as such on _____.
2. That I have not joined / doing any UG Course at any other Medical College / College in India / abroad.
3. That after getting admission in Kanachur Institute of Medical Sciences, Natekal, Mangaluru, Karnataka, if I discontinue / leave the course, then I will be bound to deposit the required balance fee of the entire course to the Kanachur Institute of Medical Sciences, Natekal, Mangaluru, Karnataka. The Institution will have the right to recover such money from the defaulter / defaulters / sureties in accordance with the law of the land.
4. That all the original documents submitted to the institute at the time of admission and mark sheet, passing certificate and other documents including marks cards of the MBBS course released by the RGUHS University will be in the custody of Kanachur Institute of Medical Sciences, Natekal, Mangaluru, Karnataka, till the completion of the bond period.

Place: _____

Dated: _____

Signature: _____

Name of the student: _____

Address: _____

Sureties:

1. Signature: _____

Name: _____

Address: _____

Signature: _____

Name of the parent: _____

Address: _____

2. Signature: _____

Name: _____

Address: _____