

**PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH**

 KONAPPANA AGRAHARA, ELECTRONIC CITY, BENGALURU – 560100

**AUTHORIZATION OF LOCAL GUARDIAN BY PARENT/GUARDIAN**

|  |  |
| --- | --- |
| **Application Number** |  |
| **Name of Student** |  |
| **Name of Parent** |  |
| **DETAILS OF LOCAL GUARDIAN** |
| **a) Name** |  |
| **b) Occupation** |  |
| **c) Relationship with Student** |  |
| **d) Address** |  |
| **e) Mobile Number** |  |
| **f) Email ID** |  |

**Tick the appropriate box as mentioned below:**

 I I hereby declare that the individual mentioned above will be the Local Guardian for my ward at Bengaluru. In case of subsequent change of local guardian or change in details of the existing local guardian I will intimate the college authorities about the same and update the Local Guardian details.

 I hereby declare that we do not have any local guardian at Bengaluru.

**(Signature of Student) (Signature of Parent / Guardian)**

 **Relation:**

**Date:**



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ANTI – RAGGING UNDERTAKING BY THE STUDENT

 I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_s/o / D/o. of Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have carefully read and fully understood the law prohibiting ragging and the directions of the Supreme Court and the Central/State Government in this regard.

I have downloaded and gone through NMC (formerly MCI) Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.

I hereby undertake that

* I will not indulge in any behaviour or act that may come under the definition of ragging.
* I will not participate in abet or propagate ragging in any form,
* I will not hurt anyone physically or psychologically or cause any other harm.

I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions of the NMC (formerly MCI) Regulations mentioned above and/or as per the law in force.

Signed this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Year.

 Signature

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

a) Witness

b) Witness



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**ANTI-RAGGING UNDERTAKING BY PARENT/GUARDIAN**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_F/o / M/o / G/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the NMC (formerly MCI] Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.

* I assure you that my son/ daughter/ward will not indulge in any act of ragging.
* I hereby agree that if he/she is found guilty of any aspect of ragging, he/she may be punished as per the provisions of the NMC (formerly MCI) and/or as per the law in force.

Signature

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

a) Witness

b) Witness



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**RISK CERTIFICATE / INDEMNITY BOND**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o , D/o. of Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_resident of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_admitted for training as a Medical student at PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH hereby certify that, I fully, understand that I/my son / daughter will do so with my full and free consent and at my own risk and that 1/ my son / daughter or any of my legal heirs shall not be entitled to claims any compensation or other relief from PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH and / PES University in respect of any injury/infirmity/ death, which I/ my son / daughter may sustain in the course of or as a result of training/sports/other activities or where bodily infirmity or death results in the course of or as result of surgical procedures/operation performed upon me / ward or anaesthesia administered to me / ward for treatment of any injury received as aforesaid otherwise at PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH.

Place: PESUIMSR

Date:

(Signature of Student) (Signature of Parent/Guardian)

 Relation:

a) Witness

b) Witness



**PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH**

KONAPPANA AGRAHARA, ELECTRONIC CITY, BENGALURU – 560100

**DISCONTINUATION OF UG MEDICAL (MBBS) COURSES FOR ALL CATEGORY CANDIDATES FORMAT**

 **FOR SUBMISSION OF BOND**

**TO BE SUBMITTED ON RS.200 STAMP PAPER AND NOTARIZED**

**(Only after final confirmation of allotment of seat)**

*In Consideration of the PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH (PESUIMSR), KONAPPANA AGRAHARA, ELECTRONIC CITY, Bangalore having agreed to provide admission in UG Medical MBBS course through common counselling conducted & seat allotted by the Karnataka Examination Authority (ΚΕΑ) under Government/Private/NRI/other category to Mr/Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*on the basis of NEET UG 2024 All India Rank No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and my KEA allotment order No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*This agreement bond signed on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the day of between Mr / Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/o, D/o \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(his /her heirs, administrators, executors and legal representatives) on the one part and the PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH (PESUIMSR), KONAPPANA AGRAHARA, ELECTRONIC CITY, Bangalore on the other part do hereby solemnly affirm and declare as under:*

1. *That I have been provisionally selected for admission to Under graduation Medical MBBS course under common counselling conducted & seat allotted by the Karnataka Examination Authority (ΚΕΑ) (as the case may be) for the Academic Year 2024-25 at the PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH (PESUIMSR), KONAPPANA AGRAHARA, ELECTRONIC CITY, Bangalore, and I will be joining as such on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*
2. *That I have not joined / doing any UG course at any other Medical Institute/college in India/ Abroad.*
3. *That after getting admission PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH (PESUIMSR), KONAPPANA AGRAHARA, ELECTRONIC CITY, Bangalore, if I discontinue/ leave the training course, then I will be bound to deposit the required* ***balance fee*** *of the entire course to the PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH (PESUIMSR), KONAPPANA AGRAHARA, ELECTRONIC CITY, Bangalore. 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 I as the student will be entitled for tapping outside sources providing scholarship, with prior permission of the college and will be entirely responsible for commitment mode to the scholarship authorities and college shall not be responsible.*
5. *That all the original documents submitted to the Institute at the time of admission and mark sheet, passing certificate and other related documents of the course in which was admitted (issued by Board/University) will be in custody of PES UNIVERSITY INSTITUTE OF MEDICAL SCIENCES & RESEARCH (PESUIMSR), KONAPPANA AGRAHARA, ELECTRONIC CITY, Bangalore till the completion of the bond period.*

Place: Recent passport

Dated: size photograph Signature & name of the Signature & Name of the Parent/Guardian candidate & Address