

**Note: The duly executed Bond and Solvency Certificate are to be submitted at the time of joining the GMERS Medical College/Self Finance Medical College to the Dean of respective college to which the candidate has been admitted in the academic year 20 -20 as per Government of Gujarat, Health and Family Welfare Department, Resolution NO.MCG/1019/SFS-26/J, dated 14/08/2019**

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## **BOND FOR STUDENTS PROVISIONALLY ADMITTED TO M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery) COURSE**

KNOW ALL MEN BY THESE PRESENT THAT WE \_\_\_\_\_ (name of student) son/daughter of Shri \_\_\_\_\_ (hereinafter called "The student" in case he or she has completed 18 years of age), and "father or natural guardian of the student", which expression shall unless excluded by or repugnant to the context include his or her heirs administrators and assigns and \_\_\_\_\_ son or daughter or wife of Shri \_\_\_\_\_

(Here in after called "the Surety") which expression shall unless excluded by or repugnant to the context include his/her heirs, administrators and assigns bind ourselves jointly and severally to pay to the Governor of Gujarat (hereinafter called "the Government") on demand and without demur a sum of **Rs. 5,00,000/- (Rs Five Lakhs only)** or if payment is to be made in a "country other than that of India" the equivalent of the said sum in the currency of that country converted at the official rate of exchange between that country and India.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ Two thousand \_\_\_\_\_

WHEREAS, the Government has decided to prescribe a condition for admission to the students taking benefits of **Mukhya Mantri Yuva Svavlamban Yojna (MYSY)**, **Mukhya Mantri Kanya Kelavani Nidhi (MKKN)**, **Free Ship Card** (in case of SC and ST category) or any other scheme in **GMERS Medical College** or **Self Finance Medical College** in the state for the MBBS (Bachelor of Medicine and Bachelor of Surgery) degree course (hereinafter referred to "Said course") that aforesaid student so admitted shall complete the said course from that college or from any other Government Medical College/GMERS Medical College/Self Finance Medical College in the state and that on such completion he or she shall if so required by the Government serve in any of the rural areas of the state for a minimum period of 1 Year in the state on such remuneration as may be prescribed other of and shall furnish a suitable bond for the due performance of the said conditions.

AND WHEREAS, the student who had applied for admission for the said course in \_\_\_\_\_ Medical College (hereinafter referred to as "the said college. NOW the condition of above written obligation is that if the student shall:

(1) Fail to complete the M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery) course as here in above provided that candidate shall pay to the Government on demand the amount of penalty of Bond as prescribed here under.

(2) Diligently prosecute and complete the said course at the said college or any other Government Medical College/GMERS Medical College/Self Finance Medical College in the state and pass the prescribed university examination for the said course and Within a period of 30 (Thirty) days from the date of his/her internships or houseman ship give to the Government by REGISTERED POST NOTICE in writing intimating the completion of his or her internship or houseman ship provided however that if the student is desirous of continuing post graduate studies it shall be open to the Government in its absolute discretion to refuse such permission or to grant it subject it condition that the student shall within one month from the completion of post graduate course give a like notice to the Government.

(3) When Called upon by the Government shall at any time within a period of six months from the receipt of the notice from the student as aforesaid join the State Service and serve in any of the rural areas of the state for minimum period of one year in the state at such remuneration as may be prescribed thereof and in the event of the student not being so called upon by the Government to join the state services and serve them for the aggregate period of one year in any of the Rural Areas of the state and during the period which the student is required to serve under provisions of this bond faithfully discharge the duties assigned to him/her by the Government or his/her other superiors with utmost diligence and efficiency and shall observe the rules for time being in force regulating the conduct of persons so serving.

Then the above written bond shall become void otherwise the said shall remain in full force and virtue.

And in the event of student committing a breach of any the above terms and conditions the whole amount of **Rs.20,00,000/- (Rs Twenty Lakhs only) (i.e. Solvency Certificate or Bank Guarantee of Rs. 5.00 Lakhs and Undertaking of Rs. 15.00 Lakhs)** as per Government of Gujarat Health and Family Welfare Department, **Resolution NO.MCG/1019/SFS-26/J, dated 14/08/2019** or such lesser sum as the Government may in its absolute discretions decide shall become payable jointly, or severally by the student or the father/natural guardian of the student in case of minor student and the above surety \_\_\_\_\_ (full name of the surety) \_\_\_\_\_ forthwith and the Government may without prejudice any other right and remedies of the Government recover the same from the student or the father or natural guardian of the student and the above surety.

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(Full name of the surety)

And upon making of such payment the above written obligation shall be void and of no effect otherwise it shall be and remain in full force and virtue;

Provided always and it is hereby agreed and declared that the decision of the Government at whether the said student has or has not performed and observed any of the obligations and conditions herein before recited and the amount of the compensation payable in this behalf shall be final and binding on the parties hereto.

Provided further that the liability of the surety here under shall not be impaired or discharged by reasons of time being granted or any forbearance, act of omission of the Government (With or without knowledge or consent of surety) in respect of or in relation of several obligations and conditions to be performed or discharged by the student provided that the Government may without

prejudice to any other rights or remedies of the Government recovery such amount due here under from student or from the father or natural guardian of the student or from surety as an arrears of land revenue and provided further that this bond shall in all respect be governed by the laws of India.

I witness whereof the said student or father or natural guardian of the student in case he is a minor and the said surety have put their respective hands day and the year herein above written

Signed and delivered by the within  
Named student or father or natural

\_\_\_\_\_  
(Signature of student of father or natural  
Guardian of Student)

Guardian of the student in case he/she  
Is a minor in presence of-

1. Signature:

Full Name:

2. Signature:

Full Name:

Signed and delivered by the within

\_\_\_\_\_  
(Signature with full address of surety.)

Name surety in presence

1. Signature:

Full Name:

2. Signature:

Full Name:

Accepted by \_\_\_\_\_ granted on behalf of Gujarat.

## CERTIFICATE OF SOLVENCY

This is to certify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Full name with address of surety)  
(Contact no, E-mail –id and UIDAI No. are mandatory)

Who has stood as surety to \_\_\_\_\_

(Full name with address of student)  
(Contact no, E-mail –id and UIDAI No. are mandatory)

A candidate seeking admission to the M.B.B.S. (Bachelor of Medicine and Bachelor of Surgery) Course is solvent to the extent of the amount stipulated in Bond by the student or father or natural guardian of the student in case he is a minor in respect of above mentioned admission.

This certificate is issued on the strength of the attached solvency certified Dated \_\_\_\_\_  
(in the form No.R.S.B 2g produced by the said surety.)

Passport size

Place:

Signature of the Collector

Photograph of

Date:

Dy. Collector/Mamlatdar

The Candidate

Seal

Designation:

FORM NO.R.S.B 2g

**FORM OF SOLVENCY CERTIFICATE**

(No solvency certificate more than a month old will be accepted)

**As per Government of Gujarat Health and Family Welfare Department Gandhinagar  
Resolution**

**dated 14/08/2019 NO.MCG/1019/SFS-26/J**

Property's Market Value should be more than Rs.5,00,000/- (Rupees Five Lakhs only)

1. Name :
2. Father's Name :
3. Residence :
4. Age :
5. Occupation :
6. Purpose for which required :
7. Whether the person certified possesses movable or immovable property or both:
8. If movable estimated value and grounds for belief:
9. If immovable :

**A. If in lands**

- a. Areas and where situated
- b. Assessment
- c. Market Value
- d. Whether it is in the sole ownership of the certified and whether they have any objections to urge.
- e. Whether it is a joint Hindu Family property and if so the extent of his share, the names of other coparceners and whether they have objection to urge.

**B. If in house:**

- a. Where situated
- b. Market Value
- c. Whether it is in the sole ownership of the person certified and whether they have any objections to urge.

d. Whether it is a join Hindu Family and if so the extent of his share, the names of other coparceners and whether they have objection to urge.

Declaration by the person being certified on solemn affirmation

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

I have solemnly declare that the property described and immovable property mentioned above is unencumbered.

Date:

Signature

Signature in the presence of:

10. Report of the village officers of the place where the property is situated.

11. Opinion of the certifying officer.

Camp:

Signature

Date:

N.B:- Asregard Nos. 8, 9 and 10, if the particulars required cannot be conveniently entered against them they should be appended on separate sheets and the signature of the certifying office and note to that effect against the number of item concerned.

Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Residence \_\_\_\_\_

Age. \_\_\_\_\_

Occupation \_\_\_\_\_

Certifying Officer.