**ANNEXURE - II**

**(Non-Judicial Stamp paper for Rs. 100/-)**

**(FOR ALL CANDIDATES)**

I, Dr ................................................................................................. selected for Post Graduate Degree/Diploma for the year 2024-25 do hereby undertake to complete the said course as per the requirements of the University. In the event of my leaving the studies after joining the course, I undertake to pay to the KNR University of Health Sciences a sum of **Rs.50,00,000/- (Rupees Fifty lakhs only)** and refund the amount received as stipend/salary up to that date to Government.

**DATE :**

**Witness : Signature of the Candidate**

1. Signature :

Name and address in full Name and address in full

2. Signature : **2. Signature of parent:**

Name and address in full Name and address in full