(To be printed on Rs.100/-Non Judicial Stamp Paper Duly Notarized)

MALLA REDDY INSTITUTE OF DENTAL SCIENCES

MDS COURSE DISCONTINUATION BOND

UNDERTAKING/BOND for General/NRI Category

I Ms ..... (Name of the Candidate),
Aged about…….years, D/o .....(Name of the Parent)
Resident of..... (Permanent/
Present address of parent) do here by swear an oath as follows.

I have been selected to the MDS course for the academic year 2026 – 2027 at Malla Reddy Institute of Dental Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India a Constituent unit of Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad through the Common Counselling conducted by the Dental Counselling Committee, Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank No..... (All India Rank).

I, state that on my own will along with my parents/guardian I am taking admission to the MDS course at Malla Reddy Institute of Dental Sciences , Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India as per the MCC Provisional Allotment letter dated …….

I, further state that, in consideration of admission to MDS Course, I shall complete the full MDS Course (as per MCC/DGHS Norms) and accordingly undertake to pay all the tuition fee and other fees as prescribed by Malla Reddy Institute of Dental Sciences, Suraram'X'Roads, Jeedimetla, Hyderabad/Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad, at the time of starting of my academic year and for the subsequent years of my MDS Degree.

In the event of my discontinuation of MDS course due to any reason at any point of time after my admission; I along with my parent/guardian here by undertake to pay the balance tuition fees for the entire remaining course, any pending fees and other fees which would have accrued in the normal flow of the course a sum of Rs 5,00,000/- to **Malla Reddy Institute of Dental Sciences**, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University),** Suraram 'X' Roads, Jeedimetla, Hyderabad. I understand that I become liable to pay the whole course fee immediately upon securing a seat and therefore it is equitable to ensure that the total course fees are paid in the event of a premature termination of the course admission. I further undertake that, if in case I discontinue my course for any reason I will not claim for refund of the fees which I have already Paid during my admission & will refund the amount received as stipend upto the date of my discontinuation to the Institution.

This undertaking is given without any coercion, undue influence, or threat and by my free consent. The contents here in above are read over and understood by me and true to the best my knowledge and belief. I along with my parent/ guardian do hereby undertake to act accordingly. This, undertaking is made on the…….day of……..2026 at Hyderabad, Telangana.

Signature of the Candidate	**Signature of the Parent/Guardian**
Name of the Candidate	Name of the Parent / Guardian and Relation

MALLA REDDY INSTITUTE OF DENTAL SCIENCES

(GENUINITY BOND)

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PROFORMA FOR UNDETAKING IN THE FORM OF AFFIDAVIT

UNDERTAKING

I,…….(Candidate name D/o…….bearing NEET 2026 Rank No……

And

I, …… (Parent Name) F/O……. bearing NEET 2026 Rank No…… hereby give an understand as below, in connection with our claim with regard to certificates submitted for admission into MDS Dental Courses for the Academic Year 2026 -2027 in Malla Reddy Institute of Dental Sciences, a constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)**. We, hereby declare that all our certificates are genuine

I am aware that if the submitted relevant certificate (s) is/are found to be not genuine at a later date, my admission is liable to be cancelled and I am liable for criminal prosecution, as may be legally deemed fit, Further I agree that I abide by the Rules and Regulations of **Malla Reddy Institute of Dental Sciences and Malla Reddy Vishwavidyapeeth (Deemed to be University).**

I also here by undertake that I shall not enter into legal litigation, if the seat allotted to me is cancelled, for the above reasons.

Signature of the Parent / Guardian **Signature of the Candidate**

Aadhar No.: **Student Aadhar No.:**

Parent Ph. No.: **Student Ph. No.:**

Address:

Date: **Place:**

(To be printed on Rs 100/-Non Judicial stamp paper duly notarized)

MALLA REDDY INSTITUTE OF DENTAL SCIENCES

ANTI-RAGGING BOND

UNDERTAKING BY CANDIDATE / PARENT ON RAGGING UNDERTAKING

OF CANDIDATE

I, Mr/Mr._____with NEET – 2026 Rank _____Son/Daughter of_____admitted into MDS course for the academic year 2026-2027 at Malla Reddy Institute of Dental Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India a Constituent College of Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad assure that , I will not indulge in the act of ragging of indiscipline during study period in the college. If violated, the university/college authorities may take appropriate action against me.

SIGNATURE OF THE CANDIDATE _____

NAME OF THE CANDIDATE:

NAME OF THE PARENT /GUARDIAN:

CANDIDATE PHONE NO:

DATE:

UNDERTAKING OF CANDIDATE'S PARENT

I, Sri./Smt. _____ Father/Mother of Mr./Ms._____ who is admitted into MDS course for the academic year 2026-2027 at Malla Reddy Institute of Dental Sciences, Suraram 'X' Roads, Jeedimetla, Hyderabad, Telangana State, India a Constituent College of Malla Reddy Vishwavidyapeeth (Deemed to be University) Hyderabad assure that my son/daughter will not indulge in the act of ragging at any stage during his/her during study period in the colleges affiliated to this University. If violated, I may also be liable for any type punishment along with my son/daughter.

SIGNATURE OF THE PARENT : FATHER/MOTHER _____

NAME OF THE FATHER / MOTHER :

DATE:

ADDRESS WITH PARENT PH. NO.:

(To be printed on Rs 100/-Non Judicial stamp paper duly notarized)

MALLA REDDY INSTITUTE OF DENTAL SCIENCES

FEE PAYMENT AFFIDAVIT

I .....D/o ..... admitted into ……course in the year..... at **Malla Reddy Institute of Dental Sciences**, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)** Suraram, Hyderabad do hereby agree to pay my annual tuition fee on or before the dates mentioned below:-

MDS	**ACADEMIC YEAR**
2nd Year Tuition fee	June 2027
3rd Year Tuition fee	June 2028

I further promise to strictly adhere to the fee payments schedule mentioned above irrespective of my exam schedule, exam results and any other unforeseen incidences.

Student's Signature **Parent's Signature**

Date:

NRI AFFIDAVIT

(ON NON-JUDICIAL STAMP PAPER OF Rs.100/-duly notarized)

DECLARATION

(This declaration is to be given by a Student/Parent/Blood Relative (family member) who is seeking admission under NRI category)

I, Ms_____(Student Name) NEET PG 2026 Hall Ticket No NEET PG 2026 Rank _____Daughter of Mr. / Ms._____ (Father Name) seeking admission into PG Course in NRI category for the academic year 2026-2027 into Malla Reddy Institute of Dental Sciences, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)** Hyderabad do hereby declare and state as under:

I declare that I am Daughter/Niece/Sister of Ms. …… (NRI Person Name) D/o……..… (NRI Father Name) R/o_____(Incorporate the complete address of NRI to whom the candidate is related).

I declare that the said family member NRI is paying my fee for my PG course and I further declare that the above facts stated are true and correct and I am liable for any action in the event of concealment of facts. Hence, this declaration.

(Signature of the Candidate)

I,_____(NRI Person Name) S/o.(NRI Father Name) here declare and confirm that the above candidate viz., Ms._____(Student Name) is related to me as Daughter/Niece/Sister and I hereby irrevocably agree and undertake to provide finance support to her by payment of entire fees and other expenses for pursuing MDS Course in Malla Reddy Institute of Dental Sciences, a Constituent unit of **Malla Reddy Vishwavidyapeeth (Deemed to be University)** Hyderabad.

Date: **(Signature of the NRI)**

(Proforma of GAP Certificate if the GAP period is more than 2 years)

GOVERNMENT OF TELANGANA
REVENUE DEPARTMENT

O/o Tahsildar,

.....Mandal

Lr.No.C/…….2026 Dated……

GAP CERTIFICATE

Based on the report of the Mandal Girdawar and on the strength of Police verification Certificate Submitted by the applicant……..D/o ..... R/o. H.No … .....has not studied any course during the 20…- 20…. (….) year.

Tahsildar,

To, ... Mandal

(Proforma for GAP Certificate if the GAP period is 2 years or less)
To be notarized Rs.100/-stamp paper

IN THE COURT OF EXECUTIVE MAGISTRATE ,…….

AFFIDAVIT FOR GAP CERTIFICATE

I ……,aged…….years, residing at ……., do here by swear in this affidavit and declare as under:

1. I SAY THAT I have passed BDS exams in the year .....from ….....college after which I completed. Then after Which I was preparing for NEET PG examination during the year……..

2. I SAY THAT since…….till date I did not join any educational institution either in……..state or elsewhere in India. I say that from ..... is my Gap period.

3. I execute this Gap Affidavit to put facts on record, and produce the same before the concerned college authorities enable them to record the GAP in any education from ..... on the strength of this GAP Affidavit.

Whatever state here in above is true and correct to the best of my knowledge, belief and information and nothing has been concealed or suppressed in respect hereof.

Solemnly affirmed at…….. on ……

VERIFICATION

Verified that the above content are true to the best of my knowledge and belief and nothing in material has been concealed there from the content of the affidavit have been read out to me.

Place:
Date:

DEPONENT

Signed before me

Witness

1. …….

2. …….