

BOND TO BE EXECUTED

BY CANDIDATES APPLYING FOR NEED CERTIFICATE IN CONNECTION WITH
JOINING TRAINING PROGRAMME/COURSE IN MEDICAL SPECIALITIES IN
MEDICAL INSTITUTIONS OUT OF INDIA

KNOW ALL concerned BY THESE PRESENTS THAT I
_____, Resident of
_____(Address), having MCI Registration Number
_____and having graduated from _____(Name
and address of Medical College/Institution), (hereinafter called “**the Obligor**”) and
Shri/Shrimati/Kumari _____son/daughter of
_____, Resident of _____(Address
in India) And Shri/ Shrimati/ Kumari _____son/daughter
of _____, Resident of
_____(Address in India) (hereinafter called “**the
Sureties**”) do hereby jointly and severally bind ourselves and our respective heirs
and/or executors to pay to the President of India (hereinafter called “**the
Government**”) on demand the sum of Rs. 10 lakhs (Rupees Ten Lakhs only) or, if
payment is made in a country other than India, the equivalent of the said amount in
the current currency of that country converted at the official rate of exchange
between that country and India, together with interest thereon @ 12% per annum
from the date of demand, AND TOGETHER with all costs between attorney and
client and all charges and expenses that shall or may have been incurred by the
Government.

WHEREAS the Obligor is granted a Need Certificate by the Ministry of Health
& Family Welfare, Government of India to undergo training programme/course in
_____(Name and duration of the programme/course) at
_____(Name and address of the Medical Institution).

AND WHEREAS for the better protection of the Government, the Obligor has
agreed to execute this Bond with such condition as hereunder is written:

AND WHEREAS the said Sureties have agreed to execute this Bond as
Sureties on behalf of the above bounden Obligor _____

NOW THE CONDITION OF THE ABOVE WRITTEN OBLIGATIONS IS THAT in the event of the Obligor Shri/Shrimati/Kumari _____ failing to return to India after completion of the training programme/course, within a period of three (3) months thereof, and report to the Ministry of Health & Family Welfare in person, the Obligor and the Sureties shall forthwith pay to the Government or as may be directed by the Government, on demand the said sum of Rs. 5 Lakhs (Rupees Five Lakhs only) together with interest thereon @ 12% per annum from the date of demand.

AND upon the Obligor Shri/Shrimati/Kumari _____ and / or Shri/Shrimati/Kumari _____ and/or Shri/Shrimati/Kumari _____, the Sureties aforesaid making such payment, the above written obligation shall be void and / or of no effect, otherwise it shall be and remain in full force and virtue:

PROVIDED ALWAYS that the liability of the Sureties hereunder shall not be impaired or discharged by reason of time being granted or by any forbearance, act or omission of the Government or any person authorized by them (whether with or without the consent or knowledge of the Sureties) nor shall it be necessary, for the Government to sue the Obligor before suing the Sureties Shri/Shrimati/Kumari _____ and Shri/Shrimati/Kumari _____ or any of them for amounts due hereunder.

THE BOND shall in all respects be governed by the laws of India for the time being in force and the rights and liabilities hereunder shall where necessary be accordingly determined by the appropriate Courts of law in India.

Signed and dated this _____ (Day) of _____ (Month)
Two Thousand and _____ at
_____ (Place) in the _____ (Country).

Signed and delivered by the Obligor abovementioned Shri/Shrimati/Kumari _____ In the presence of: Witnesses: 1. _____ (Name and Complete Postal Address) 2. _____ (Name and Complete Postal Address)
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Signed and delivered by the First Surety (#) abovementioned

Shri/Shrimati/Kumari _____

In the presence of:

Witnesses: 1. _____
(Name and Complete Postal Address)

2. _____
(Name and Complete Postal Address)

(#) First Surety will be a close relative to the Obligor and will furnish information in respect of himself/herself as in **Annex - C**

Signed and delivered by the Second Surety (%) abovementioned

Shri/Shrimati/Kumari _____

In the presence of:

Witnesses: 1. _____
(Name and Complete Postal Address)

2. _____
(Name and Complete Postal Address)

(%) Second Surety will be a Gazetted Officer under the Central or a State Government, with a minimum tenure of 7 years of balance service left as on the date of the application and will furnish information in respect of himself/herself as in **Annex - D**

ACCEPTED

For and on behalf of the President of India

Name: _____

Designation _____

Ministry of Health & Family Welfare
Nirman Bhawan, Maulana Azad Road
New Delhi - 110011