



ಶ್ರೀ ಜಯದೇವ ಹೃದ್ರೋಗ ವಿಜ್ಞಾನ ಮತ್ತು ಸಂಶೋಧನಾ ಸಂಸ್ಥೆ

Sri Jayadeva Institute of Cardiovascular Sciences and Research

(Govt. Of Karnataka - Regd. Autonomous Institute)

Bannerghatta Road, 9th Block Jayanagar, Bengaluru - 560069

Ph:+91-80-22977400/600, Academic Section & Fax:080-22977265

Website: www.jayadevacardiology.com Email: director@jayadevacardiology.com

Academic section email: jayadevacardiology.academic@gmail.com

Ref:

SJICR/AS/87/2018-19

Date:

08/08/2018

Important Notification

Post Graduate super specialty Courses admission

Academic Year 2018-19

As per the order from Directorate of Medical Education (Ref No: DME/PGS/19/2018-19 dated 19-07-2018), the Candidates seeking admission for Post Graduate Super Specialty courses for the academic 2018-19 must furnish a bond for one year compulsory rural service, irrespective of the state they belong to.

A Penalty of Rs.30,000,00 will be levied for candidates who fail to fulfil the bond condition.

Those who have already served 1 year Bond after MBBS or MD/MS will be exempted. (Ref No: AKUKA 62 MSF 2018 Bangalore dated 03-08-2018),

The Proof of serving the Bond should be submitted at the time of admission

DIRECTOR

Dr. C.N. MANJUNATH, M.D., D.M.

Professor of Cardiology &
DIRECTOR

Sri Jayadeva Institute of
Cardiovascular Sciences & Research
(Govt. of Karnataka Regd. Autonomous Institute)
9th Block, Jayanagar, Bannerghatta Road,
Bengaluru - 560 069

Form I (A)

UNDERTAKING FROM THE CANDIDATES ADMITTED TO SUPER SPECIALITY COURSES

*(To be executed on a stamp paper of RTs. 300/- duly notarized)

I -----

S/o, D/o, W/o-----, Aged -----years,

having Adhar No. -----,

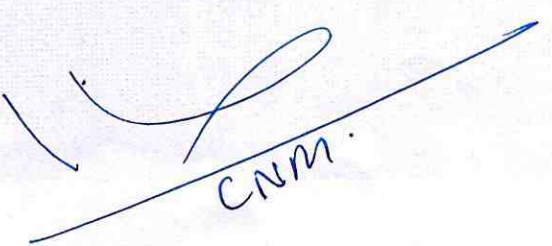
PAN No.-----

Permanent resident of -----

and

Presently residing at ----- (herein after referred to as BOUNDEN) do hereby swear on oath as follows:-

- 1) That I am admitted to in -----College for Super Specialty Course 2018 -19 in------(Indicate the subject) during the centralized counseling for admission to Super Specialty Courses 2018 -19 by DGHS.
- 2) I am aware of the fact that the fees for 'Government' seat is highly **Subsidized**, I shall be under an obligation to serve the State of Karnataka for a minimum period of one Year after completion of my Super Specialty Course as required under the provisions of Karnataka Compulsory Service Training by Candidates Completed Medical Courses act 2012 and the amendments there. I have opted for the 'Government' seat after reading and fully understanding the above mentioned Rule.
- 3) I have read and understood the provisions of Karnataka Compulsory Service Training by Candidates Completed Medical Courses act 2012 and the amendments there to, together with Rules passed there under by Karnataka State Legislation and the obligations of a student for availing the 'Government' seat.
- 4) In compliance with, I hereby furnish the undertaking voluntarily, with my free will that I shall abide by the condition to serve the Government of Karnataka for a period of one year in any of the Government Medical Colleges and super specialty hospitals as decided by the Government of Karnataka, after completion of my Super Specialty Course.
- 5) I have no objection to work for a period of one year at Government Medical Colleges and super specialty hospitals if the Department of Medical Education desires, at monthly remuneration as fixed by the Medical Education Department, Government of Karnataka.


CNM.

- 6) In case, if I fail to comply with undertaking of compulsory service, myself and or my sureties mentioned below do hereby bind ourselves and each of us, our and each of heirs, executors and administrators jointly and severally to pay to the Government of Karnataka on demand, that we shall pay a penalty of Rs.30.00 Lakh (RUPEES THIRTY LAKH ONLY) for Super Specialty Course to the Government and only after payment of penalty, I shall collect my original documents which are in the custody of the institution.
- 7) I am enclosing the details of two sureties along with self-attested copies of PAN card and Aadhar card.

Signed this day of -----, by the Bounden

DETAILS OF SURETIES

1. Name: -----
 S/o, D/o, W/o -----
 Aged ----- years, having Aadhar No.-----, PAN No. -----
 -----Permanent resident of -----and
 presently residing at -----

2. Name: -----
 S/o, D/o, W/o -----
 Aged -----years, having Aadhar No. -----PAN No. -----
 -----Permanent resident of ----- and
 presently residing at -----

BOUNDEN

SURETIES

- 1.
- 2.

WITNESSES

- 1.
- 2.