

प्राथमिकता
संख्या- 374 /XXVIII(1)/2017-19(मे0का0)/2015

प्रेषक,

डी0 सेन्थिल पाण्डयन,
सचिव,
उत्तराखण्ड शासन।

सेवा में,

निदेशक,
चिकित्सा शिक्षा निदेशालय,
देहरादून।

चिकित्सा शिक्षा अनुभाग-1

देहरादून: दिनांक 31 मार्च, 2017

विषय:- राजकीय मेडिकल कॉलेजों में एम0डी0/एम0एस0 पाठ्यक्रमों में अध्ययनरत छात्र-छात्राओं हेतु अनिवार्य राजकीय सेवा संबंधी बॉण्ड के संबंध में।

महोदय,

उपर्युक्त विषयक अपने पत्र सं0-26घ/चि0शि0/159/2016/1424 दिनांक 31.03.2017 का सन्दर्भ ग्रहण करने का कष्ट करें, जिसके माध्यम से आपके द्वारा राजकीय मेडिकल कॉलेजों में चिकित्सा के परास्नातक पाठ्यक्रम, यथा-एम0डी0/एम0एस0 पाठ्यक्रमों में रियायती शिक्षण शुल्क पर अध्ययनरत छात्र-छात्राओं हेतु शासनादेश सं0-2954/XXVIII(1)/2016-19(मे0का0)/2015 दिनांक 20.01.2017 के अनुसार अनिवार्य राजकीय सेवा संबंधी नवीन पी0जी0 बॉण्ड का प्रारूप शासन के अनुमोदनार्थ उपलब्ध कराया गया है।

2- उक्त संबंध में आपके द्वारा उपलब्ध कराये गये नवीन पी0जी0 बॉण्ड के प्रारूप को अनुमोदित कर संलग्न कर प्रेषित करते हुए मुझे यह कहने का निदेश हुआ है कि उक्तानुसार अनुमोदित नवीन पी0जी0 बॉण्ड के अनुसार आवश्यक अग्रेत्तर कार्यवाही किया जाना सुनिश्चित करें।

भवदीय,

(डी0 सेन्थिल पाण्डयन)
सचिव।

संख्या- /XXVIII(1)/2017-19(मे0का0)/2015 एवं दिनांक तदैव।

प्रतिलिपि निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित :-

- 1- महानिदेशक, चिकित्सा स्वास्थ्य एवं परिवार कल्याण, उत्तराखण्ड।
- 2- समस्त प्राचार्य, राजकीय मेडिकल कॉलेज, उत्तराखण्ड।
- 3- कुलसचिव, हे0न0ब0 चिकित्सा शिक्षा विश्वविद्यालय, देहरादून।
- 4- एन0आई0सी/गार्ड फाईल।

आज्ञा से,

(आर0आर0 सिंह)
संयुक्त सचिव।

**FORMAT OF BOND
(FOR PG-MEDICAL STUDENTS)**

(To be executed on Stamp Paper of the value as applicable under Stamp Duty Act.)

KNOW ALL MEN BY THESE PRESENTS THAT We Shri/Smt. _____
Son/daughter/wife of _____ residing at (Residential Address) _____
(herein-after called the Bounden) and (1) Shri _____
(hereinafter called 'the sureties') do hereby bind ourselves and each of us respective heirs,
Executors & administrators residing at _____
(Here enter address) jointly and severally to pay to Govt of Uttarakhand on demand the total
amount of Rs 2,50,00,000 (Rupees Two crore fifty lakh only) towards failure to fulfill the
obligation/for violation of the condition here-in-after mentioned.

Signed this _____ Day of _____ in the year _____ by the bounden
Shri/Smt _____

Signature

In the presence of Witness*

1. _____
(Name & Address with official seal)

1. Signed by bounden (Name & Address)

2. _____
(Name & Address)
Address compulsory**)

2. Signed by Shri/Smt _____ (The
Surety)(Residential

WHEREAS the Bounden Shri /Smt _____ has been selected to undergo
_____ (here enter the name of the course of study) on the basis of merit of NEET
PG entrance in _____ (Name of the Institution) _____ for a
period of duration of course.

AND WHEREAS after successful completion of the course of study the bounden shall
serve any of Government Hospital/Health Centre situated in hilly region of the State for a period of
two years anywhere in Uttarakhand and also subject to the terms and conditions hereinafter
appearing and the bounden and the sureties have agreed to the same.

NOW the condition of the above written obligation is that in the event the Bounden
discontinues the study or after completion of the MD/MS course of study to which he/she was
selected, fails to serve the Govt of Uttarakhand for period of two years, the Bounden and sureties
shall forthwith pay to the Govt of Uttarakhand on demand the total amount of Rs 2,50,00,000
(Rupees Two crore fifty lakh only) towards failure to fulfill the obligation. The bond is legally
binding on the bounden and the sureties and upon the payment of such sum the above written
obligation shall be void and of no effect otherwise this shall remain in full force and effect:

PROVIDED further that the bounden and the sureties do hereby agree that if the Bounden discontinues the study or after completion of the PG (MD/MS) Course of study to which he /She was selected, fails to serve the government of uttarakhand for a period of two years, it may be construed as professional misconduct and the fact reported to the medical council of India or the Medical Council of the State concerned for suitable action including cancellation of registration by the Council .

PROVIDED further that the bounden and the sureties do hereby agree that all sums found due to the Government of Uttarakhand under or by virtue of this bond shall be recovered jointly and severally from them and their properties movable and immovable as if such dues were arrears of land revenue under the provisions of Revenue Recovery Act for the time being in force or in such other manner as the Government may deem fit.

Provided futher that it is not necessary for the Government to sue the bond holder before taking action on the surety, under this bond and the liabilities of the sureties is co-extensive with that of the Bounden and shall not be affected by the Government giving time or any other indigence to the bounden or by the Government varying of the terms and conditions herein contained,

Signed thisDay ofin the year.....by the bounden Shri/Smt.....

Signature

In the presence of Witness*

1.....
(Name & Address with official seal)

1.Signed by bounden (Name & Address)

2.....
(Name & Address)
compulsory**)

2.Signedby Shri/Smt.....(The
Surety)(Residential Address is

* Dean/Administrative Officer of concerned institution will sign as witness.

** Proof of Residential Address of Bounden and Surety is to be obtained