

Execution of Bond by the Candidate for Post Doctoral
Course..... atMedical
College..... for session.....

I, Sri/Smt.....

S/o / D/o.....

Resident at

.....

Being selected for Post Doctoral course at

.....Medical College, do hereby undertake to pay a sum of Rs
5, 00,000 /- (Rupees Five lakhs only) to the Government of West Bengal, if I resign or discontinue
the course before completion of tenure of the course as prescribed by the Govt in pursuance of
G.O. No HF/O/MERT/1542/Admn/ME/STM-2010 dated 25/10/2010, moreover it shall be
obligatory on my part to observe or perform all terms and condition prescribed on proforma by
the Govt for the aforesaid purpose.

.....

Signature of the student in full

In presence of witness

.....

Signature of the witness

Accepted on behalf of the Govt. Of West Bengal

Indemnity bond for the post graduate trainee (other than state govt of West Bengal sponsored in-service doctors) to serve the State Govt of West Bengal

**Execution of bond by the candidate for P G Degree course in..... at
.....Medical College situated in.....for the session.....**

I, Sri/Smt.....

S/o / D/o / W/o.....

Resident ofselected for P G Degree course in.....at..... Medical College situated in..... for the session, do hereby state that after successful completion of the Post Graduate course in State Medical Teaching Institutions in West Bengal, shall abide by the terms and conditions of Govt Notification No. HF/O/MERT/ 912/ME/MISC-78-13 dated 31/07/2013 as the same stands modified by the Government Notification No. HF/O/MERT/923/ME/MISC-78-13 dated 10/06/2014 both of MERT branch of Department of Health and Family Welfare Government of West Bengal to work in multispecialty/Super speciality Hospitals/Secondary/Tertiary level Hospitals in West Bengal for a continuous period of **Three years to serve the people failing which, I shall be liable to recompense the State Government of West Bengal a penal amount of Rs Ten Lakhs for each defaulting year while the State Government of West Bengal shall be at liberty to realise the said penal amount from me in accordance with law.**

I do hereby also accept the fact that all original documents (Mark Sheets, Certificates and documents as required by the Department of Health and Family Welfare, Government of West Bengal from time to time) will be retained by the department of the concerned Medical Teaching Institution in West Bengal for the purpose of ensuring successful completion of the bond period or repayment of penal amount, as may be applicable by the same Government Notification as stated above.

I further understand that during the bond period, I will be designated as Senior Resident and it shall be obligatory on my part to observe or perform according to the rules and regulations for the Senior Resident in the State of West Bengal prevailing during the tenure of the afore stated bond period.

.....
Signature of the student in full with date

In presence of witness

.....
Signature of witness with date

Accepted on behalf of the Govt of West Bengal