

INDEMNITY BOND

I, _____, S/o, D/o.
_____, Aged _____ Years,
R/o. _____,

hereby undertake that, As per G.O.Ms.No. 166, HM & FW (E1) Dept., dated 20.07.2010. The compulsory Rural Medical service for MBBS candidate admitted from the academic year 2022-23 onwards I render services in designated PHC / Hospital of the Government of Andhra Pradesh for a period of one year, immediately following the successful completion of the MBBS including the completion of Compulsory Rotatory internship. On successful completion of the one year rural Medical Service, the candidate will be eligible for a permanent registration with AP Medical Council. Hence this Indemnity Bond.

Signature of the Candidate

Signature of the Parent / Guardian

Date:

Date: