ANNEXURE – III

1,………………………………………………Selected for Post Graduate Degree/Diploma for the year2019-20 do hereby undertake to complete the said course as per the requirements of the University .in the event of my leaving the studies after joining the course, I undertake to pay to the Dr.NTR University of Health Science a sum of Rs.3,00,000/-(three lakhs only ) and refund the amount received as stipend up to that date to Government.

DATE : Signature of the Candidate

Witness : Sureities

1. Signature: 1.Signature:

Name and address in full Name and address in full

2. Signature: 2. Signature:

Name and address in full Name and address in full