

JAWAHARLAL INSTITUTE OF POSTGRADUATE MEDICAL EDUCATION AND
RESEARCH,
PUDUCHERRY- 605 006.
Institute of National Importance, Ministry of Health & Family Welfare
Government of India
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UNDERTAKING

I, Dr _____,
First year Junior Resident of _____,
Course at Jawaharlal Institute of Post-Graduate Medical Education and Research,
Puducherry. do hereby undertake to complete the said course as per the requirements of the
Institute. In the event of my leaving the studies in mid-term, I undertake to pay to the
Government a sum of ₹. 25,000/- (Rupees Twenty Five thousand only) if I discontinue the
course on or before 31/01/2017; ₹. 2,00,000/- (Rupees Two lakhs only) if I discontinue the
course after 31/01/2017 and within the First Academic Year and ₹. 5.00,000/- (Rupees Five
lakhs only) if I discontinue the course in the Second or Third Academic year . If I leave the
course after 31/01/2017 (Thirty First January Two Thousand and Seventeen), which is the
last date for closing the admission in the Institute, I, understand that I shall be debarred to
appear in this Institute's Entrance Examination for PG Course for the next three sessions.

SIGNATURE OF THE CANDIDATE

NAME:

Date:

WITNESSES:

1. Name:

Signature:

2. Address:

1. Name:

Signature:

2. Address: