

(On Non-Judicial Stamp Paper of Rs.100/-)

NATIONAL HEALTH MISSION

SURETY BOND

THIS DEED OF BOND IS MADE ON _____ DAY OF _____ 2018.

KNOW ALL MEN BY THESE PRESENT THAT WE, Mr./Mrs./Miss _____
S/D/W/O Mr./Mrs. _____ Residing at _____ (hereinafter
called the "Candidate") and (2) Mr./Mr./Miss. _____ S/D/W/O
Mr./Mrs. _____ residing at _____ (hereinafter called the
"Surety") do hereby by bound ourselves and our respective heirs executors and administrators,
to the Mission Director, National Health Mission (here in after called the "NHM") on demand
Rs.75000/- in respect of the Candidate's Bridge Programme (Certificate) in Community
Health (hereinafter called the "Programme").

Signed and delivered this _____ Day of

Signature _____
(Candidate)

Signature _____
(Surety)

Whereas on her request, the Competent Authority at State Health Department /
State Health Society has selected the Candidate for the Programme conducted by the Indira
Gandhi National Open University (IGNOU) commencing from the 1st date of January, 2019 and
offered the candidate with sponsorship for undergoing the same vide letter of Offer, dated

Now, the condition of above written bond is that the Candidate (i) shall successfully
complete the Programme and (ii) shall serve State Health Department/State Health Society
thereafter for a minimum period of three (03) years after successful completion of the
Programme (hereinafter referred to as the "Bond Period"). Whereas, if the candidate shall
serve State Health Department/State Health Society thereafter for a minimum period of three
(03) years, then the above written bond shall lapse otherwise it shall be and remain in full force
valid.

That further or in the alternative another condition of the above bond is that if the
Candidate commits any breach of her undertakings for whatsoever reasons or in case she fails
to complete the Programme successfully and/or serve the State Health Department/State
Health Society for the stipulated Bond Period thereafter, she and her surety shall jointly and
severally compensate the State Health Department/State Health Society for IGNOU fee (Covers
study materials and counselling fee), boarding and lodging, transport expenses, etc. Paid
during the Programme period and expenses incurred by it on account of and in connection with
the Programme and this amount will be recovered from her and/or from her surety. However,
the total amount recoverable under this clause shall not exceed **Rs.75000/- (Rupees seventy
five thousand only)**

Signed jointly and severally by each of us on this _____ day of
_____ (month), _____ (year) in the presence of the following witnesses:

Witnesses

1. Signature _____
Name _____
Address _____

2. Signature _____
Name _____
Address _____

Signature _____
(Candidate)

Signature _____
(Surety)

Attested by Notary Public