**Execution of bond by the candidate for Under Graduate Homoeopathic Degree (B.H.M.S) seat at The Calcutta Homoeopathic Medical College and Hospital, 265-266, Acharya Prafulla Chandra Road, Kolkata – 700009**

**I, Mr/Miss/Mrs................................................................................................, S/O, D/O, W/O ....................................................................................residing at...............................................**

**P.O...............................P.S...............................District..................................Pin.......................**

**having been allotted a seat for Under Graduate Homoeopathic Degree course (B.H.M.S) for the session 2025-2026 at The Calcutta Homoeopathic Medical College and Hospital. I do hereby affirm and solemnly declare that I shall deposit a sum of Rs.1,00,000/- (Rupees one lakh) only as penalty to the college authority as prescribed by the Government in pursuance of Order No. HFW-31016/29/2022/570 dated 25.11.2022, if I resign/ discontinue the course before completion of prescribed tenure of the course. Moreover, it shall be obligatory on my part to observe or perform all terms and conditions prescribed by the Government for the aforesaid purpose.**

**The original documents which will remain in custody of The Calcutta Homoeopathic Medical College and Hospital will not be returned to me unless and until I pay the penalty of Rs.1,00,000/- (Rupees one lakh) only to the authority of The Calcutta Homoeopathic Medical College and Hospital.**

**Signature of the candidate...............................................................**

**Name of the candidate ....................................................................**

**Date .............................. Place .............................**

**Signature of the witness..................................................................**

**Name of the witness.......................................................................**

**Date............................... Place .................................**