

## SURETY BOND (Specimen)

(To be typed on Rs.100/- Stamp Paper)

That we \_\_\_\_\_ student of first year MBBS Class  
(Name of the Student)  
King Edward Medical University, Lahore and

\_\_\_\_\_ and  
(Name & address of the surety)  
hereby bind ourselves, our heirs, executors and administrators jointly and severally to the Government of the Punjab for the payment of a sum of Rs. 30,00,000/- (Rupees three million only) on demand.

WHEREAS THE ABOVE BONDED \_\_\_\_\_  
(Name of the Student)

was admitted to the MBBS class in the King Edward Medical University, on a clear undertaking by her/him that he/she would serve Government of the Punjab, Health Department as "Probationary Medical Officer/Woman Medical Officer" in the Primary healthcare facilities for a period of one year after completing the foundation year/house job. In case, he/she fail to fulfill the commitment, he/she shall be liable to pay Rs.03 million to the Government of Punjab, Health Department.

AND WHEREAS THE SAME \_\_\_\_\_ and the said surety  
(Name of the student)  
\_\_\_\_\_ have entered into the bond in the sum of Rs. 30,00,000/-  
(Name of surety)  
(Rupees three million only) condition for the due performance by  
\_\_\_\_\_ of the said undertaking as provided in the Prospectus of  
(Name of Student).  
Government Medical Institutions of Punjab.

NOW THE CONDITION of the above written bond is such that if the said \_\_\_\_\_  
(Name of student)  
shall join the service of the Government of the Punjab, Health Department as "Probationary Medical Officer/Woman Medical Officer" in the Primary healthcare facilities for a period of one year after completing the foundation year/house job then the above written bond shall be null and void and of no effect. In case, he/she fail to fulfill the commitment, he/she shall be liable to pay Rs.03 million to the Government of Punjab, Health Department.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
(Signature of Surety)

\_\_\_\_\_  
(Name and address of surety)  
(CNIC No. \_\_\_\_\_)

Witnesses

(Signature of Witnesses)

1. \_\_\_\_\_  
Name and Address  
CNIC No. \_\_\_\_\_

Witnesses

(Signature of Witnesses)

2. \_\_\_\_\_  
Name and Address  
CNIC No. \_\_\_\_\_

(Attested by the Judicial Magistrate First Class)