

**Indemnity Bond format
Non-judicial Stamp Paper (Rs. 200/-) with notaries**

INDEMNITY BOND

THIS DEED OF INDEMNITY BOND is made at Mumbai on this ____ day of _____ 2019 between DR. _____, aged ____ years residing at _____ (full address) Registration No. _____ Reg. Date _____ (hereinafter referred to as 'the Obligor') of the ONE PART:

AND

The Maharashtra Council of Indian Medicine, a Statutory body, having its registered office Maharashtra Council of Indian Medicine, 231 Commissariat Building, 3rd Floor, Near DBS Bank, D.N. Road, Fort, Mumbai - 400001. (hereinafter referred to as 'the Council') of the OTHER PART:

WHEREAS the Obligor is a Medical Graduate, from _____ University, Place _____ which is a recognized qualification for registration under Sec.18A / 23A of The Maharashtra Medical Practitioners Act, 1961 & opted Reg. No. _____ dt. _____ from the Council.

AND WHEREAS the said Obligor has applied vide Application dt. _____ for issuance of new Registration Certificate in lieu of the Original or Duplicate Registration Certificate dt. _____ having been lost or otherwise misplaced by furnishing all the required details and necessary documents/ to the aforesaid Council.

AND WHEREAS the Council has agreed to do so, provided the Obligor executes this Indemnity Deed in favour of the Council, which the Obligor has agreed to do so.

NOW THIS DEED OF INDEMNITY WITNESSETH that Obligor does hereby agree to indemnify and keep indemnified the Council against any claim/complaint of whatsoever nature made by other person/authority in respect of re-issuance of the said Registration Certificate and any consequences arising out of any misrepresentation of fact vis-à-vis the name and/or any other particulars, made in that behalf. The Obligor indemnifies and agrees to keep indemnified the Council against any loss, costs, charges and expenses incurred or suffered by the Council by reason of any such claim arising out of the consideration of re-issuance of Registration certificate by the Council on the basis of the information/documents furnished by the Obligor with Application for the same.

This Indemnity bond is signed on the date and year first mentioned hereinabove.

SIGNED, SEALED AND DELIVERED]	photo
BY WITHIN THE NAME OBLIGOR]	
DR. _____]	
IN THE PRESENCE OF]	Signature

WITNESSES: (name & signature)

1. Dr. _____ Reg No. _____ Signature _____

2. Dr. _____ Reg No. _____ Signature _____

Identified & explained by

Before me
Notary

Advocate

Name:

Address :

Registration no.

Phone no.