

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

INDEMNITY BOND

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

AND

The Maharashtra Council of Indian Medicine (MCIM), 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 Registration No. _____ dated _____ from the Council.

AND WHEREAS the said Obligor has applied for Renewal of Registration in with vide application date _____ by furnishing all the required details and available documents to the aforesaid Council.

AND WHEREAS the said Obligor stated that Original or Duplicate Degree Certificate issued by (University Name- bearing roll number _____) was awarded the degree of _____ at the _____ Annual Convocation held on _____ having been not found or otherwise misplaced and after making sufficient efforts Obligor has not been able to trace the same.

AND WHEREAS the said Obligor stated that in case he/she traces the said Original or Duplicate Degree Certificate, the Obligor agrees to furnish 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 for during registration & non-renewal periods 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 indemnity against any loss, costs, charges and expenses incurred or suffered by the Council by reason of such claim arising out of the consideration of Renewal of Registration of Obligor by the Council on the basis of the information/documents furnished by the Obligor with Application for Renewal of Registration.

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. _____ MCIM Reg No. Signature

2. Dr. _____ MCIM Reg No. Signature

Identified & explained by

Before me
Notary

Advocate

Name:

Address :

Registration no.

Phone no.