FORM OF BOND TO BE EXECUTED BY STUDENT NURSE FOR SERVICE IN THE HOSPITAL OF HEAVY ENGINEERING CORPORATION ON A NON-JUDICIAL STAMP PAPER OF MINIMUM VALUE OF RUPEES TEN.

Know all men by these presents that I Kumari-----

Daughter of ------resident of------

.....of resident of -----In the District

of ------(here-in-after called (Surety) do hereby and ourselves and our respective heirs, executors, Administrators & representatives, to pay to the Heavy Engineering Corporation Limited (here in after called the "Company") acting through the Chief Medical Officer of the H.EC Plant Hospital on demand the sum of ₹ 7500/-(Seven thousand five hundred) only.

Dated this-----Two thousand Sixteen (2016).

WHEREAS The said *Kumari ------(bounden) has expressed her desire to undergo a course of training in general nursing and midwifery at Nursing Training School of the Company for award of Diploma in General Nursing & Midwifery.

WHEREAS The Company has agreed to provide Kumari-----

and arranged for the aforesaid course of training and instruction which will last for a minimum period of 3 years for main course and internship for six months. However, the Company will not be responsible for any delay/irregular delay of Nursing Council.

Contd..2

NOW the conditions of the above written obligation along with the offer for admission in the aforesaid course of training are as under:-

That the Company has agreed to pay to the bounden Kumari ------------ allowance $\gtrless 1000$ /-p.m. in first year, $\gtrless 1200$ /-p.m. in second year and $\gtrless 1400$ /-per month in third year and $\& \gtrless 1600$ / p.m. during internship and Uniform allowance $\gtrless 250$ /- per annum from first year.

- 3 The bounden Kumari ------will be entitled to usual allowances and dormitory facilities for a period of six month only on her first failure in the examination. On her second failure she will not be entitled to uniform allowance. However she will be entitled for limited free dormitory hostel accommodation. This allowance and limited free dormitory hostel accommodation will be provided for only up to two failures i.e. for 12 months only. After that she will continue her training, if she so desire, on her own expenses and may be allowed to appear in the next examination(s) under the rules of the State Nurses Registration Council.
- 4 That the bounden Kumari------will have to serve the company for a period of three years compulsorily & may be given all the facilities as the Job-Trainee. On failure of this the bounden will have to pay all expenses incurred on training. In case her services are not required by the Company within a period of one year after she has acquired the aforesaid Diploma, she will be free to join the services elsewhere.

5. That bounden Miss-----hereby covenants:-

A. That she will not contract marriage during the entire course of her training.

- B. That she will abide by the rules & regulations of the H.E.C. Ltd Nursing Training School/Nurses Hostel /Hospital and will faithfully and obediently discharge all duties entrusted to her from time to time including shift duties in the course of instructions given to her to qualify as a Nurse and Midwife and shall obey all lawful commands of the instructors and officers and shall diligently attend to all work, practical or academic which she may be required to do and shall not be guilty of any disorderly behavior or other misconduct and shall not remain absent without prior intimation.
- C. That she shall, under no circumstances expecting unavoidable circumstances cease to do the work assigned to her during the said period of training, not shall she omit to do any other act which she may be required to do and shall regularly attend at the place of work.

Contd.....3

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- 6. That the bounden Miss------will not hold the company liable for injury caused to her on account of any accident or miss happening arising either out of the negligent working of any machinery or other hospital appliance in which she may be, for the time being, engaged or for the negligence or act or commission of any the co-workers employed with the said bounden Miss-------
- 7. That the bounden* Miss-----shall be entitled to one month's notice of termination of training in case her work is not found satisfactory or if the Company on any other ground discontinue the training for reason other than willful default of the bounden Miss-----

8. That in case of breach of any of the said conditions by the above bounden Miss------of if any declaration given or information furnished by her proves to be false or if she is found to have willfully suppressed any material information, she will be liable for removal

And upon his making such refund, the above written obligation shall be void and of no effect, otherwise it shall be and shall remain in full force and virtue.

Provided always that it is hereby agreed and declared that the decision of the Company as to whether the above bounden Miss------------has or has not performed and observed the obligation and conditions herein before recited shall be final and binding. Provided further that the liability of the said Sri -----(surety) here under shall not be impaired or discharged by reason of time being granted or by any for hearance, act or omission of the company or any person authorized by them whether with or without the consent or knowledge to the said Sri -----(Surety)

Contd...4.

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Nor shall it be necessary for the company to use the said Miss
(bounden) before suing the said Sri
(Surety) for amounts due hereunder .

Provided further that the Laws of India shall in all respects govern this bond and only the Courts at Ranchi will have jurisdiction. Signature and delivered

* By the above bounden

Signature of the

(Student Nurse)

Signed and delivered

******By the Surety

(Signature of the Surety)

(with full address together with his/her own Financial Statement).

Name.....

Designation.....

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Adress.....

******* In the presence of the Attesting Officer

(Signature of the Attesting Officer)

Name.....

Designation.....

Full Adress.....

At-----(Place)

- * Full name of the Student Nurse
- ** Full name of the Surety
- *** Signature, Name, Designation and Full address of the Attesting Officer with his Official Seal, if any. The Officer Attesting the Bond should be a Govt. Gazzetted Officer or any Officer of the Company.