UNDERTAKING

I,	bearing EID No.		
of scholar funding) fo course) in	ter of		
I hereby u	ndertake to:		
	Pursue the course and complete it within the duration specified in the Letter of Award No		
2.	Not change to another course or institute.		
	Abide by all rules and regulations of the Royal Government and the institute concerned.		
	Not discontinue the course and/or leave the institute prior to completion of the course without written consent from the Royal Civil Service Commission.		
	Complete my training/studies, return to Bhutan and continue in the services of my Agency for a minimum period as specified in Section 9.5.17, Chapter 9 of BCSR 2012, subject to a minimum of one year unless the Government in public interest transfers my services.		
	Pay to the Government an appropriate amount for the expenses incurred by the Government/Agency on the training, in accordance with Section 9.5.17, Chapter 9 of BCSR 2012, if:		
	6.1 I discontinue the training for a reason other than ill health; or		
	6.2 I failed in the course; or		
	6.3 I return to Bhutan without completing training; or		

I do not return to Bhutan upon completion of my training; or

6.4

6.5 I return to Bhutan but voluntarily resign from my Agency without rendering the specified duration of service.

I hereby do confirm that I have been briefed on all rules governing my training and I have understood them, including the implication and consequences of deviating from them.

In particular, I understand that in the event that I do not adhere to any one of the above stated conditions, the guarantor and/or I shall be liable for prosecution in the Court of Law as per the provisions of the Penal Code of Bhutan.

Sd/-

Place: (Affix Legal Stamp)

Date: Name & Office address

Caution: This is an important legal document and therefore, should be executed after clearly understanding all the responsibilities, liabilities and implications.

In the event of any failure on the part of the above-named person to abide by this undertaking, I, as the guarantor hereby undertake to refund to the Government the stipulated amount or accept my liability to any other penalty as may be decided by the Government.

In the event that I do not adhere to the above, I understand that I shall be liable for legal actions by the Government.

Sd/-

Place:		(Affix Legal Stamp)
Date:		Name of Guarantor:
		CID No:(attach copy)
		Relation with the candidate
		Occupation:
		Present address:
		Permanent Address:
		Email address:
		Contact No.:
		Telephone:
		Mobile:
Witness:		
1) Signature	Name	CID No