CHAUDHARY CHARAN SINGH HARYANA AGRICULTURAL UNIVERSITY, HISAR

**NOTIFICATION** 

No. Admn.F.3/97/V-19/1731

Dated: 6.2.97

The Board of Management vide Item No. B-19 of its 170<sup>th</sup> meeting held on 30.12.96 has

revised the criteria for calculating the period of bond for leave of the kind due for higher

studies/fellowships as under:-

i) The teacher availing leave of the kind due for higher studies/trainings will execute the bond

to serve the university on return for double the period of leave subject to maximum of three

years.

ii) A copy of the approved form of agreement bond and guarantee bond are enclosed. These

are to be executed on non-judicial stamp paper of the value of Rs. 15/- each payable by the

teacher himself.

iii) The teacher who have already served the double period of leave or for three years

whichever is less but had executed bond for five years, will no longer be under bond.

iv) The above decision in sub para (i) & (iii) spara shall also be applicable in cases where the

teachers are deputed by the University. A separate bond proforma for them is being divised

and will be circulated shortly.

2. This is in partial modification of the decision taken by the Board and circulated vide No.

E.1/76/11340-11449 dated 25.6.76 and further instructions as circulated vide No. E.2/76/20652-20761

dated 23.9.76.

Registrar

## AGREEMENT BOND PROFORMA FOR PROCEEDING ON LEAVE OF THE KIND DUE FOR ADVANCED STUDIES/TRAINING ETC.

KNOW ALL MEN BY these presents that I S/o	Sh.
Resident of at present employed i	n the
CCS Haryana Agricultural University, Hisar as in the departmen	t of
The University has granted me leave of the kind due from	
to with respect to advance studies/training etc. I undertal	ke to
successfully complete the course and further undertake that:-	
i) I shall serve the University continuously for double the period of leave subject to a maximum of	three
years from the date of resuming duties.	
ii) a) If I fail to rejoin the service of the University on expiry of my studies/training etc.	
OR	
b) I rejoin the services of the University but leave the services without completing the presc	ribed
period of service after rejoining the service.	
OR	
c) Within the said period, I am dismissed or removed from the service by the University.	
Will be liable to refund to the University on demand, leave salary and allowances an an	nount
equal to 1/3 <sup>rd</sup> of my salary (including all allowances except House Rent Allowances) at the full	rates
drawn by me on the last working day before proceeding on leave for the period falling sho	ort of
years and months together with interest from the date of dema	nd at
University rates from the time as on University loans, if payment is made in a country other than I	India,
the equivalent of the said amount in the payment of currency of the said country converted a	it the
official rate of exchange between that country and India and together with all costs between atte	orney
and client and all charges and expenses that shall or may have been incurred by the CCS HAU,	Hisar
except in case the default occurs on account of circumstances beyond my control about which	h the
decision of he Vice Chancellor, CCS HAU, Hisar shall be final.	
I further undertake that the University can realize the amount from my contributory prov	ident
fund/General Provident fund, for the payment of which I bind myself and my heirs, assignees, exec	utors
and administrators to pay to the CCS Haryana Agril University, Hisar on demand the aforesaid amo	ount.
I further undertake that the amount may be recovered, besides myself and my heirs assets,	from

my unpaid salary, my Contributory Provident Fund/ General Provident Fund including my own contribution to the provident fund and any other amount, in any other account etc. standing to my credit

or otherwise payable to me.

and undertakings herein contained shall be irr	revocable so long as I am liable to the University under the
study/training/fellowship leave.	
Place:	
Dated:	
	G'
	Signature
	Full name
1) 6'	(In block letters)
1) Signature of witness	G/ GI
Full Name	S/o Sh.
(In block letters)	Place
Name of office	
(In block letters)	
2) Signature	
Full Name	S/o Sh.
(In block letters)	Place
Name of office	1 1100
(In block letters)	
(22 02002 200025)	
We I	Hereby undertake to be jointly and severally liable to the
	erms of the bond in accordance with the conditions therein
and rules and regulations of the University,	
	der this agreement shall not be impaired or discharged by
, -	algence granted by the University to the said
	or by any agreement
entered into or composition accepted by the	University modifying by operation of Law or otherwise
their rights and remedies under the above agree	

I shall abide by all the terms and conditions of the bond. The terms & conditions convenants

Signature of sureties	Signature of witnesses
1. Full Signature	1 . Full Signature
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
DETAILS OF IMMOVABLE PROPERTY	
2. Full Signature	2 . Full Signature
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
DETAILS OF IMMOVABLE PROPERTY	
	Accepted
Place:	
Dated:	
	For and on behalf of the
	CCS HAU, Hisar

## **GUARANTEE BOND**

Know	all	men	by	these	present	ts,	that		I/We
				stand	guarantee	for th	ie refur	nd of	bond
money with	respect to	advance	study/training	etc. for	which	leave	was	grante	d to
		from		to			for con	npletin	g the
course of		, v	vith interest th	nereon from	n the date	of dem	nand i.e	. agree	ement
bond /surety bo	ond is jumpe	ed at the rate	being enforced	d on Unive	rsity loans	from ti	me to the	ime pa	ıyable
by the borrowe	r to the Uni	versity. I/We	also agree to	pay and ma	ike good to	the Un	niversity	on de	mand
all losses, costs	s, damages a	and expenses	occasioned to	the Univers	sity by reas	son of	non pay	ment	of the
said moneys,	costs and e	expenses or a	ny part there	of or the	breach of	non p	erforma	nce o	r non
observance of a	any of the te	rms of aforesa	id, subject to t	the terms ar	nd conditio	ns herei	inafter c	ontain	ed.
2. That m	ny/our lia	bility unde	r the gu	arantee	shall be	co	exten	sive	with
Shri		·							
3. That on dem	nand being i	nade by the U	University for	the paymer	nt of any a	mount 1	under th	ne guai	rantee
the same shall	be paid wit	hout demur o	r protest by n	ne/us and the	he notice f	or the o	claim se	nt to	me/us
shall be conclus	sive of the a	mount due fro	om me/us unde	r the guara	ntee.				
4. That any no	tice by way	of demand or	otherwise may	y be given b	y the Univ	ersity t	o me/us	sendi	ng the
same by post a	and addresse	ed to me/us an	nd the notice	shall be de	emed to ha	ave bee	n given	at the	time
when it will be	delivered in	the ordinary	course of post	and it will	be sufficie	nt in or	der to p	rove se	ervice
of any such not	tice and to p	rove the enve	lope containin	g the same	was poste	d and th	ne certif	icate s	igned
by any officer	duly author	rized by the	University in	this regard	that the e	envelop	e was p	osted,	shall
constitute such	proof.								
5. That the gi	uarantee he	rein contained	d shall not b	e determin	ed or affe	cted by	y the d	eath o	of the
guarantor(s) he	reunder but	shall in all re	spect and for a	all purposes	s be bindin	g and o	perative	in his	s/their
successor(s) he	ir(s) and ass	igns until repa	ayment of all n	noneys secu	ared by and	due to	the Uni	iversity	y.
6. We further	agree that	we shall be	jointly and se	everally lia	ble to the	Unive	rsity fo	r the	entire
outstanding in	respect of th	e dues and the	at the Univers	ity shall be	at liberty t	o sue e	ither or	any of	us in
respect of such	liability wi	thout joining t	the other of us	and notwit	thstanding	my deg	ree in a	ny suc	h suit
subsequently to	sue the oth	er or others o	f us and to pro	oceed to jud	dgment and	ł execut	tion at t	he opti	ion of
the University i	ıntil its claiı	n is fully satis	sfied.						

Signature of Guarantor(s)	Signature of Witnesses
1. Full Signatures	1. Full Signatures
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
DETAILS OF IMMOVABLE PROPERTY	
2. Full Signatures	2. Full Signatures
Name	Name
(In block letters)	(In block letters)
Father's Name	Father's Name
Permanent Address	Permanent Address
Designation	Designation
Office	Office
DETAIL OF IMMOVABLE PROPERTY	
	Accepted
Place:	FOR AND ON BEHALF OF THE CCSHAU,
Dated:	HISAR