

UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT
(“Undertaking”)

of

DR. RAJIV KUMRA
(“Dr. Kumra”)

to

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO
(the “College”)

A. PREAMBLE

(1) In this Undertaking:

“Discipline Committee” means the Discipline Committee of the College;

“OHIP” means the Ontario Health Insurance Plan;

“Public Register” means the College’s register that is available to the public.

(2) I, **Dr. Kumra**, certificate of registration number **59902**, am a member of the College.

(3) I, **Dr. Kumra**, acknowledge that the College referred allegations of professional misconduct and incompetence to the Discipline Committee in a Notice of Hearing dated June 20, 2018 (the “Notice of Hearing”). The hearing is scheduled to proceed. Once these allegations have been determined by the Discipline Committee, the decision will be available to the public on the Public Register.

(4) I, **Dr. Kumra**, acknowledge that the College also conducted investigations (the “Investigations”) into whether I engaged in professional misconduct and/or am incompetent in my family practice.

(5) I, **Dr. Kumra**, acknowledge that there has been no referral to the Discipline Committee in respect of the Investigations and that, after the College receives an original copy of this Undertaking as signed by me, no further action will be taken on the Investigations.

B. UNDERTAKING, ACKNOWLEDGEMENT AND CONSENT

(6) I, **Dr. Kumra**, acknowledge that, other than in Ontario, I am not currently registered to practice medicine in any other jurisdiction in Canada, and I further acknowledge that I currently do not have any outstanding applications for registration to practice medicine in any jurisdiction in Canada.

(7) I, **Dr. Kumra**, hereby resign from the College effective immediately (the “Effective Date”).

(8) I, **Dr. Kumra**, hereby undertake not to apply or re-apply for registration as a physician to practise medicine in Ontario or any other jurisdiction in Canada after the Effective Date.

(9) I, **Dr. Kumra**, acknowledge that in the event that the College should become aware that I am in breach of this Undertaking including, but not limited to, becoming aware that I have either applied, re-applied or attempted to apply or re-apply for registration as a physician or for a certificate of registration, or equivalent, to practise medicine in any jurisdiction in Canada after the Effective Date, the College shall, in its sole discretion, have the right to proceed with a disciplinary proceeding on the basis of a breach of this Undertaking and/or pursue any of the Investigations in which no further action was taken as a result of this Undertaking.

(10) I, **Dr. Kumra**, hereby agree to bear the risk of any prejudice that the passage of time might cause to my ability to make full answer and defence, and waive the right to seek any remedy on the basis of the passage of time, should the College proceed with any allegations that may arise as a result of a breach of this Undertaking.

(11) I, **Dr. Kumra**, undertake to abide by the College’s Policy on Practice Management Considerations for Physicians Who Cease to Practise, Take an Extended Leave of Absence or Close Their Practice Due to Relocation, a copy of which is attached hereto as Appendix “A”.

(12) I, **Dr. Kumra**, undertake that upon signing this Undertaking, I shall forward a request to the General Manager of the OHIP that my billing number be deactivated for services rendered after the Effective Date.

(13) I, **Dr. Kumra**, acknowledge that all appendices attached to or referred to in this Undertaking form part of this Undertaking.

(14) I, **Dr. Kumra**, acknowledge and undertake that I shall be solely responsible for payment of all fees, costs, charges, expenses, etc., if any, arising from the implementation of any of the provisions of this Undertaking.

(15) I, **Dr. Kumra**, acknowledge and confirm that I have read and understand the provisions of this Undertaking and that I have obtained independent legal

counsel in reviewing and executing this Undertaking, or have waived my right to do so.

(16) I, **Dr. Kumra**, give my irrevocable consent to the College to make appropriate enquiries of OHIP and/or any person or institution in Canada that may have relevant information, in order for the College to monitor my compliance with the provisions of this Undertaking.

(17) I, **Dr. Kumra**, acknowledge that I have executed the OHIP consent form, attached hereto as Appendix "B" and that the consent forms part of this Undertaking.

(18) ***Public Register***

- (a) I, **Dr. Kumra**, consent to this Undertaking being posted on the Public Register.
- (b) I, **Dr. Kumra**, acknowledge that, in addition to this Undertaking being posted in accordance with section (18)(a) above, the following summary shall be posted on the Public Register:

On June 20, 2018, Dr. Kumra was referred to the Discipline Committee on allegations of professional misconduct and incompetence.

In the face of these allegations, Dr. Kumra resigned from the College and has agreed never to apply or reapply for registration as a physician in Ontario or any other jurisdiction in Canada. Once these allegations have been determined by the Discipline Committee, the decision will be available to the public on the Public Register.

Dr. Kumra was also the subject of open investigations regarding his standard of practice and conduct. In exchange for this undertaking, the College is taking no further action on these investigations.