

UNDERTAKING

I, ----- S/D/o-----, aged about ----- years residing at do hereby submit this undertaking and solemnly affirm with regard to my admission to course at Sri Devaraj Urs Medical College, (herein after called as college) constituent college of Sri Devaraj Urs Academy of Higher Education and Research, Kolar for the Academic Year 2019-20:

That I have been admitted to the postgraduate course at SDUMC, Kolar under Management/NRI Quota as per the Allotment Order issued by Medical Counseling Committee/Directorate General of Health Services, GoI, New Delhi bearing No Dated

That, the annual fee fixed for the said course is Rs. (Rupees). I am also aware that I have to pay the remaining course fee at the rate of annual fee fixed and paid by me at the time of admission.

That, I am required to provide a Bank Guarantee for the remaining course fee at the rate of annual fee fixed and paid by me at the time of admission on or before 30th April of each Academic Year.

That, any failure on my part to comply with these requirements, the college would have the right to initiate necessary steps to recover the same from me/my legal guardians/my sponsor.

Signature of the candidate

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I,, S/o..... aged about years admitted to the postgraduate course in during the Academic Year 2019-20, hereby declare that I shall serve this institution for a period of one year after successful completion of the course as per the terms and conditions stipulated by Sri Devaraj Urs Medical College, the constituent college of Sri Devaraj Urs Academic of Higher Education and Research, Kolar.

Signature of the Candidate

Date:

Place:

Signature of the
Parent/Guardian

Name :

Relationship with
the candidate :

Date:

Witness:-

1. Signature:

Name :

Address :

Date :

2. Signature:

Name :

Address :

Date :