

UNDERTAKING
(Notarized undertaking on Rs.100/- stamp paper)

I, Dr., aged about years,
S/D/o resident
of

..... do hereby swear on oath as follows :

I have been selected to the PG Degree / Diploma in course at Shri. B. M. Patil Medical College, Hospital and Research Centre, Vijayapura, the constituent college of BLDE (Deemed to be University), through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through PG-NEET-2019 Rank No. Under category.

I submit that on my own will and along with my parents/guardian took admission to the course at Shri. B. M. Patil Medical College, Hospital and Research Centre, Vijayapura as per the DGHS / MCC Provisional allotment letter Dated

I submit in consideration of admission to PG Degree / Diploma in course, I shall complete the entire course and accordingly undertake to pay all the tuition and other fees as per rules of the University.

In the event of my discontinuation of the course due to any reason; I along with my parent/guardian hereby undertake to pay balance of course fees and stipendiary amount received to the BLDE (Deemed to be University), Vijayapura **payable for the entire course** without any demur.

I have studied and understood the rules governing counselling, admission procedure and fee structure. I agree to abide by these rules and regulations, especially those regarding discipline, attendance, examinations and payment of fees. I understand that the failure to comply with the rules and regulations will invite an appropriate disciplinary action from the University / Institutional authorities.

I will not involve myself in any action of ragging during the course of education in this University. I understand that involvement in ragging is a cognizable offence and it will result in police action and would result into cancellation of my admission to the course.

What is stated above is true and correct. I along with my parent/guardian do hereby undertake on this day....., dated.....2019 at, to act accordingly.

Signature of the Candidate

Name:

Place:

Date:

Left Thumb Impression

Signature of the Parent/Guardian

Name:

Left Thumb Impression