

UNDERTAKING (Template)

(To be submitted on Rs.50/- Stamp Paper)

1. I Mr/Ms _____ S/D/O _____

solemnly declare that all the particulars mentioned in the Application Form are TRUE and CORRECT and I fully understand that if any of the statements made in the application is found to be incorrect or any document produced with this form is found false/fake/fabricated, I would be liable to refusal for admission to the medical/dental institution, if otherwise eligible for admission and admitted, would be liable to be expelled from the institution at any time during the course of my studies in which case all fee and other dues paid by me to the institution shall be forfeited and shall be debarred from admission for a period of 7 years besides initiation of any action under law including criminal proceedings against me.

2. I agree that submission of this Application Form does not confer any right on me in respect of selection for admission, which shall only be granted on merit.

3. I understand that in case of failure to join the college or deposit fee by due date, my admission shall stand cancelled automatically.

(Signatures of Father /Guardian)

(Signatures of the Applicant)

(Name of the Applicant)

Father /Guardian Name: _____

C.N.I.C No.: _____

Dated _____ Phone _____



Thumb Impression

(Left Thumb for Male and Right for Female)