**Undertaking from Parents – Regarding Payment of Fees**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father/Mother/Guardian of Mr./Miss \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who is seeking admission to the 1st year M.B.B.S. course in Bharati Vidyapeeth (Deemed to be University), Medical College, Pune hereby undertake that –

1. I am aware of the University/College fee structure of the MBBS course and the duration of the course.

2. I shall pay all the fees as prescribed by the University/College on time and well within the specified time limit.

3. Failure on my part to pay the fee on time may result in penalty **AND/OR** disciplinary action against my son/daughter and I take the full responsibility towards the payment of fees and any consequences thereof.

**Date**  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature** **: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**