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| C:\Users\DGL-23\Desktop\logo_50years 1.jpgC:\Users\DGL-23\Downloads\bharati logo(1).png**BHARATI VIDYAPEETH**(Deemed to be University) Pune, India**MEDICAL COLLEGE, PUNE**PUNE –SATARA ROAD, PUNE – 411 043. |

# **UNDERTAKING FROM THE CANDIDATE (2024-2025)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ son/daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who has been given admission to the MD/MS in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ course at Bharati Vidyapeeth (Deemed to be University) Medical College, Pune for the year 2024-2025 hereby solemnly affirm and give the following undertaking.

1. I am a citizen of India/NRI student/NRI sponsored student

B) I am aware that the admission given to me will be confirmed only when it is finally approved by the National Medical Commission New Delhi and Bharati Vidyapeeth Deemed to be University, Pune.

C) I have studied and understood the rules governing counselling, admission procedure, fee structure and refund of fees and agree to abide by the rules.

D) I am aware that my admission can be cancelled,

* If it is found that the documents regarding eligibility or any other relevant documents submitted by me for admission purpose are false or fabricated etc.
* If I do not join the course on the specified date.
* Any other valid reason.
* If my admission is cancelled, I will have to pay fees of three years
1. If admitted to any of the Institutions of the Bharati Vidyapeeth (Deemed to be University), I will abide by all its rules and regulation, especially those governing discipline, attendance, dress code, examinations, anti-ragging and payment of fees. I understand that failure to comply the rules and regulation will result in appropriate disciplinary action from the institutional authorities.
2. I am fully aware that if my admission to this course is found invalid by any authority of State Govt./Central Govt./NMC/or any other competent authority I will accept that decision and will not have any claim for this admission. I am aware that the college will not accept any responsibility in this matter. In event of this I will have to pay entire course Fees (Three Years).

**Name of the Candidate :**

Signature of Parent / Guardian Signature of the Candidate Name:

Place: -Pune

 Date: - / /