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

**Admission to 1st year M.B.B.S. Course Academic Year 2023-2024**

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

 (**To be taken from all the parents at the time of counselling and admission)**

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 annual 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 in time may result in penalty/appropriate action against me including withholding to appear for the examination and I take full responsibility in ensuring the payment of fee in time. In the event of any action taken against me for default in payment of fee, I will not resort to any other recourse.

4. If I leave the course for any reason, I am aware that I have to deposit the remaining fee for the entire course. (4½ Years)

This undertaking is dated on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Nos.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_