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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. |

**ADMISSION FOR MD/MS Courses 2025-2026**

**Undertaking (Payment of Fees)**

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| Name Dr.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| NEET Roll No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** NEET Rank No. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| NEET Score. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Joined MD/MS in. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**at |
| Bharati Vidyapeeth (Deemed to be University) Medical College & Hospital, Pune. |
| I hereby undertake that–1. I am aware of the College fee structure of the course and the duration of the course.2. I shall pay the annual fees as prescribed by the College in time.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. (3 Years)5. My parents/ guardians are aware of rules & regulations of the College & payment of fee and hereby ensure that they will abide by it. This undertaking is given voluntarily with full consciousness. |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Name of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Parent/ guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

 Signature of Verifying officer

Submitted for necessary action.