**Affidavit from NRI candidate for MBBS admission (2025-2026)**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Son/Daughter of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who has been given admission to the MBBS course at Bharati Vidyapeeth (Deemed to be University) Medical College, Pune for the year 2025-2026 under NRI category, hereby solemnly affirm and give the following undertaking.

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

I have submitted all original documents related to admission under NRI category as per MCC notification.

I am aware of the rules and regulations of NRI admission as notified by Medical Counseling Committee, DGHS, New Delhi and have uploaded all documents as per the guidelines and the same documents(original) have been submitted to college/university for verification.

I am also aware that my NRI status documents will be sent by college to Medical Counseling Committee and Ministry of External affairs and the Embassy concerned for verification.

1. If the documents related to my NRI status or any other relevant documents submitted by me for admission purpose are found invalid, false or fabricated, my admission shall be cancelled any time during MBBS course.
2. I have studied and understood the rules governing counselling, admission procedure, fee structure and refund of fees and agree to abide by the rules.

I am fully aware that if my admission to this course is found invalid by any authority of the State Govt./Central Govt./NMC/or any other competent authority I will accept that decision and will not have any claim for this admission

1. If my admission is cancelled, I undertake to pay the full program fees of **FOUR & HALF YEARS**

I will not prefer any claim or compensation from the college or the University in the event of cancellation of admission

**Name of the Candidate:**

Signature of Candidate:

**Name of Parent:**

Signature of Parent:

Place: - Pune

Date: - / /2025