



**Bharati Vidyapeeth**  
(Deemed to be University)  
Pune, India.  
**MEDICAL COLLEGE, PUNE**  
Pune-Satara Road, Pune - 411 043 (INDIA)



**Admission for M.B.B.S. Course Academic Year 2025-2026**  
**(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 1<sup>st</sup> 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 : \_\_\_\_\_

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