S.P.V. Government Medical College, Machilipatnam, AP.

Undertaking by the Parent

From: Dated: / / 2026

To
The principal,
S.P.V. Government Medical College.
Machilipatnam, AP.

Respected Sir/Madam,

Sub: Payment of fees regularly every year -under taking -Reg.

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My Son/Daughter/ward _____ has been granted admission in **S.P.V. Government Medical College, Machilipatnam** under the C**ompetent Authority (NRI Category)** for the academic year **2026-2027** for the amount of **Rs: 20,00,000/- (Twenty Lakhs Only) per annum** for a period of four and half years. Myself, along with my son/Daughter/ward hereby under take the prescribed tuition fee shall be paid at the time of admission and as demanded by Principal as per the Schedule. we here by agree that will pay late pay as per the norms of the college if there is any delay in making payment in the stipulated times. Failing to do so, we assure that we will be held responsible and will abide rules and regulations of the Government medical college, Machilipatnam.

Yours faithfully,

Signature Of The Parent:

Aadhar No.:

PAN No.:

Signature Of The Student:

Aadhar No.:

PAN No.: