Dr. NTR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA – 520 008

UNDERTAKING ON RS. 100 STAMP PAPER WITH NOTARY

I, Mr. / Ms._____ S/o: D/o: _____

selected for MBBS Course for _____ do hereby undertake to complete the course as per the regulations of Dr. NTR University of Health Sciences and in the event of my discontinuing the studies after joining the course after the last date for free exit for admissions of Competent Authority Quota / Management Quota as notified by University, I undertake to pay the University a sum of Rs. 3,00,000/- and GST 18% i.e. Total Rs.3,54,000/-.

Signature of the Candidate

I, Mr./Mrs._____parent of Mr./Ms._____

Do hereby undertake to pay Dr. NTR University of Health Sciences a sum of Rs. 3,00,000/- and GST 18% i.e. Total Rs.3,54,000/- in case of discontinuation of MBBS Course after joining by my Son / Daughter after the last date for free exit for admissions of Competent Authority Quota / Management Quota as notified by university.

Date: **Signature of Parent**

Witness

1. Signature:

   Name and Address in full.

2. Signature:

   Name and Address in full.

ANNEXURE-II

PROFORMA FOR JOINT UNDERTAKING IN THE FORM OF AFFIDAVIT (ON NON-JUDICIAL STAMP PAPERS WITH NOTARY)

I, _____ (candidate's name), S/o / D/o _____, bearing UG NEET 2026 Roll No _____, UG NEET 2026 Rank _____

And

I, _____ (parent name), F/o / M/o _____, bearing UG NEET 2026 Roll No _____, UG NEET 2026 Rank _____ hereby give an undertaking as below, in connection with our claim with regard to certificates submitted for admission into MBBS/BDS courses for the Academic Year 2026-27 in _____ (college name), affiliated to Dr. NTR University of Health Sciences, A.P., Vijayawada.

UNDERTAKING

We, hereby declare that all our certificates are genuine. I am very well aware that I have been given admission to the MBBS/BDS course on the basis of the documents uploaded and originals submitted by me with respect to my NEET UG Rank, Eligibility, Area and my Category.

I am aware that if the submitted relevant certificate (s) is /are found to be not genuine / false documents at a later date, my admission is liable to be cancelled and I am liable for criminal prosecution, as may be legally deemed fit. Further, I agree that I abide by the Rules and Regulations of Dr. NTR University of Health Sciences, A.P., Vijayawada.

I also hereby undertake that I shall not enter into legal litigation, if the seat allotted to me is cancelled, for the above reasons.

Signature of the Parent/Guardian

Aadhaar No.

Address:

Signature of the Candidate

Date:

Place: