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.:

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: