

Dr.YSR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA-520 008

UNDERTAKING

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

Selected for MBBS Course for 2022-23 do hereby undertake to complete the course as per the regulations of Dr. YSR 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 State Quota / Management Quota as notified by university, I under take to pay the university a sun of Rs. 3,00,000/-and GST 18 % i.e. total Rs. 3,54,000/- .

Date:

Signature of the Candidate

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

Do here by undertake to pay Dr. YSR 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 exist for admissions of State 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