

Date:

From

To

The Principal
Viswabharathi Medical College
R.T.Nagar, near Penchikalapadu
Kurnool-518 467

Respect Sir / Madam,

Sub: Payment of fees regularly every year – Undertaking – Reg.

My son / daughter / ward Mr. _____ has been granted admission in Viswabharathi Medical College under _____ category for the academic year 2025-26. I _____ along with my son / daughter / ward hereby undertake that the prescribed fee(s) shall be paid by me on or before 30th June every year for a period of five years. We hereby agree that we will pay late fee as per the norms of the college, if there is any delay in making payment within the stipulated time. Failing to do so, we assure that we will be held responsible and will abide rules and regulations of the Viswabharathi Medical College & General Hospital.

Yours faithfully

Signature of the Parent

Aadhar No:

PAN No:

Contact No:

Signature of the Student

Aadhar No:

PAN No:

Contact No:



VISWABHARATHI MEDICAL COLLEGE & GENERAL HOSPITAL
UNDERTAKING

I, Mr/Ms..... S/o / D/o
..... bearing NEET Rank No..... and Hall Ticket No
joining for MBBS Course in Viswabharathi Medical College, R.T.Nagar, near Penchikalapadu, Kurnool-518467 for the academic year 2025-26 do hereby undertake to complete the course as per the regulations of Dr. NTR University of Health Sciences and NMC. In the event of my discontinuing the studies after joining the course for admissions of Competent Authority Quota/Management Quota / NRI Quota as notified by University, I undertake to pay the total five years fees. I also undertake to pay the tuition fees for the remaining period, in case I discontinue or get disqualified (4 attempts completed in First year MBBS course).

Signature of the Candidate

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

bearing NEET Rank No..... and Hall Ticket No my son / daughter joining for MBBS Course in Viswabharathi Medical College, R.T.Nagar, near Penchikalapadu, Kurnool-518467 for the academic year 2025-26 do hereby undertake to complete the course as per the regulations of Dr. NTR University of Health Sciences and NMC. In the event of my son / daughter discontinuing the studies after joining the course for admissions of Competent Authority Quota/Management Quota / NRI Quota as notified by University, I undertake to pay the total five years fees. I also undertake to pay the tuition fees for the remaining period, in case my son / daughter discontinue or get disqualified (4 attempts completed in First year MBBS course).

Date:

Signature of Parent

Witness

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.



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

UNDERTAKING

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

selected for MBBS Course for 2025-26 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/-. I also undertake to pay the college fees for the remaining period, in case I discontinue or get disqualified.

Signature of the Candidate

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

do hereby 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 exit for admissions of Competent Authority Quota /Management Quota as notified by University. I also undertake to pay the college fees for the remaining period, in case my ward discontinue or get disqualified.

Date:

Signature of Parent

Witness

1. Signature:

Name and Address in full.

2. Signature:

Name and Address in full.



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

UNDERTAKING

I, Mr/Ms..... S/o
/ D/o bearing NEET Rank No..... and Hall
Ticket No hereby declare that the Study certificates / Residence certificate
/ Caste certificate etc., submitted in connection with my claim for area and category reservations
for admission into MBBS Course for the Academic Year 2025-26 are genuine.

I am aware that the relevant certificate (s) is / are found to be not genuine / Fake at a
later date, I forego the seat allotted in my favour. Further I agree that I will abide by the Rules
and Regulations and I am liable for criminal prosecution, as may be deemed fit.

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

Signature of the Candidate

Aadhar No.

Aadhar No.

Name:

Rank No.

Place:

H.T.No.

Date:

Address:

UNDERTAKING BY THE STUDENT

1. I,, S/o, D/o Mr./Mrs./Ms.
MBBS batch, have carefully read and fully understood the law prohibiting ragging and the Directions of the Supreme Court and the Central/State Government in the regard.
2. I have received a copy of the NMC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
3. I hereby undertake that –
 - ❖ I will not indulge in any behavior or act that may come under the definition of ragging.
 - ❖ I will not participate in or abet or propagate ragging any form,
 - ❖ I will not hurt anyone physically or psychologically or cause any other harm.
4. I hereby agree that if found guilty of any aspect of ragging, I may be punished as per the provisions Of the NMC Regulations mentioned above and /or as per the law in force.
Signed this day of month of Year.

.....
Signature
Address:
.....

Name:

- (1) Witness:
- (2) Witness:

UNDERTAKING BY PARENT / GUARDIAN

1. I,F/o, M/o, G/o,
Have carefully read and fully understood the law prohibiting ragging and the directions of the Hon'ble Supreme Court and the Central/State Government in this regard as well as the NMC Regulations on Curbing the Menace of Ragging in Higher Educational Institutions, 2009.
2. I assure you that my son/daughter/ward will not indulge in any act of ragging.
3. I hereby agree that if he /she is found guilty of any aspect of ragging, he/she may be punished as per The provisions of the NMC Regulations mentioned above and /or as per the law in force.

Signed thisday of Month of year.

.....
Signature
Address
.....

Name:

- (1) Witness:
- (2)Witness: