

UNDERTAKING

To,
The Principal
Vasantdada Patil Ayurvedic Medical College,
Sangli.(Maharashtra).

I, the undersigned..... son/daughter of hereby undertake to fulfill all the conditions with regard to my admission to First Year B.A.M.S. course under the All India Quota (15%) at Vasantdada Patil Ayurvedic Medical College, Sangli for the academic year 2020-2021.

1.I undertake that I am fully aware of the admission rules & will abide by/agree to all the conditions pertaining to the admission under All India Quota (15%).

2.I hereby agree to pay the prescribed fees in time, including fees payable to the University during the entire duration of course without fail.

3.In the event of withdrawal of seat by me, I understand that I am not entitled to claim reimbursement of any fees paid by me & I shall have no claim whatsoever against the college management & that I alone shall be responsible for the consequence thereof.

4.I also agree to reimburse all the monetary loss to the institution for the remaining years if in case I withdraw the admission or discontinue the course.

I hereby undertake to fulfill all the above conditions & also undertake to abide by any other rules & regulations that are in existence or that may be framed by the Management/University/Government from time to time, with regard to admission/fee structure or any other relevant guidelines applicable for the course.

(Signature of Student)

(Signature of Parent)

Name:.....

Name:.....

Add:.....

Add:.....

Place:.....

Date:.....

Signature of Principal (with Seal)