

UNDERTAKING

To
The Principal
Dr. D. Y. Patil Homoeopathic Medical College
and Research Centre,
Pimpri, Pune- 411018
Maharashtra State

I, the undersigned..... son / daughter of
.....hereby voluntarily undertake to fulfill all the
conditions with regard to my admission to First Year BHMS course under the All India
Quota/ NRI Quota at Dr. D. Y. Patil Homoeopathic Medical and Research Centre, Pimpri,
Pune which is a constituent unit of Dr. D. Y. Patil Vidyapeeth, Pune (Deemed to be
University) for the academic year 2020 – 2021.

Further,

- (1) I undertake that I am fully aware of the admission rules and will abide by /
agree to all the conditions pertaining to the admission under 85% All India
Quota / 15% NRI Quota.
- (2) I hereby agree to pay the prescribed fees in time, including fees payable to the
University, during the entire duration of the 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 and I shall have no claim
whatsoever against the Institute / Vidyapeeth (Deemed to be University), and
that I alone shall be responsible for the consequences thereof.
- (4) I also agree to reimburse all the monetary loss to the Institution for the
remaining years, in case I withdraw the admission or discontinue the course.

I hereby undertake to fulfil all the above conditions and also undertake to abide by any
other rules and regulations that are in existence or that may be framed by the
Respective Council/Vidyapeeth from time to time, with regard to admission / fee
structure or any other relevant guidelines applicable for the course.

I agree for the above

(Signature of the Student)

(Signature of the Parent)

Name _____ Name _____

Address:

Address: