

(Affidavit On court stamp of Rs.100)

## **UNDERTAKING**

I, the undersigned Dr. \_\_\_\_\_ do hereby undertake to serve as per the provisions of the post graduate admission rules Datta Meghe Institute of Higher Education & Research (Deemed to be University) for a period of one year after completion of my Post-Graduate course in the department of \_\_\_\_\_.

I also agree to deposit Rs. 5.00 lacs in lieu of one year of service at Datta Meghe Institute of Higher Education & Research (Deemed to be University) and in case I fail to fulfill the above condition, the institution shall have an absolute right to forfeit the above deposit.

Date: \_\_\_\_\_

Place: DMMC, Wanadongri, Hingna Road, Nagpur

Yours Faithfully,

## **UNDERTAKING**

I, \_\_\_\_\_ aged about \_\_\_\_\_ Years is being provisionally admitted for \_\_\_\_\_ Course at Datta Meghe Institute of Higher Education & Research (Deemed to be University), Sawangi (Meghe), Wardha on \_\_\_\_\_.

- 1) I hereby undertake to make payment of the tuition fees and other fees as decided by the University from time to time during the continuance of my education at this Institute.
- 2) I further state that in case of failure of my part to pay the fees within stipulated period, the University will be free to cancel my admission.
- 3) I will abide by Rules & Regulations of DMIHER (Deemed to be University).
- 4) I will carry out faithfully all the duties allotted as per orders, from time to time by competent authorities.
- 5) I will complete all the University related formalities like Migration Certificate, Essentiality Certificate etc. within one week otherwise I alone will be responsible for deferment of my term if University decides accordingly.
- 6) I will deposit an amount of Rs. 5 lakhs before my reporting date in lieu of Post PG services one year (from the date of joining as Sr. Resident/Tutor in the Department – one year) & Sign PG Bond . Otherwise my admission stands cancelled.

NAME OF STUDENT \_\_\_\_\_

SIGNATURE OF STUDENT \_\_\_\_\_

WITNESS

1.

2.

I agree with this undertaking

NAME OF PARENT \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

Date: \_\_\_\_\_

Place: DMMC, Wanadongri, Hingna Road, Nagpur