

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES
(UNIVERSITY OF DELHI)
DELHI- 110095**

**UNDERTAKING
(for Caste Certificate authenticity)**

I, _____ S/o/D/o _____

Address: _____

Hereby give my undertaking that:-

1. My Caste Certificate & other certificate i.e. (mention in the applicable Category- SC/ST/OBC/PWD/EWS/Other) _____, submitted by me under which I have been allotted the MBBS seat by UCMS, Session: **2023-24** is genuine & if found to be fake during admission/verification at any stage, my admission from the above course shall stand cancelled & appropriate action including cancellation of admission will be initiated as per rule.
2. The above statement is true to the best of my knowledge and belief, if found to be incorrect according to **BOI-2023-24** so necessary action shall be initiated against me as per rule, including cancellation of my admission and I shall be held responsible for all the consequences.

Signature _____

Name _____

Category _____

Course _____

NEET Roll No. _____

Mobile No. _____

PLACE _____

DATE _____

UNDERTAKING

(for all Certificates/Documents/Information are True & Correct)

Date: ____/____/2023

I offered the MBBS seat under AIQ/DUQ Rank_____, under _____ category for the session 2023-24, under NEET Roll No._____.

Sir, I hereby undertake that all the certificates/documents/information which has been produced by me is true & correct according to BOI-2023-24 & nothing has been concealed on my part. Further it is also undertaken that I have not enrolled myself in any other course full-time or part-time. If during or after the admission process any wrong/false/fictitious information/documents found to be incorrect according to BOI-2023-24 so necessary action shall be initiated against me as per rule, including cancellation of my admission and I shall be held responsible for all the consequences.

Further, I hereby also undertake that my passing eligibility qualification, I have acquired from the school/university is recognized & genuine, if found unrecognized/fake during the verification at any stage, my admission shall stand cancelled and appropriate action will be initiated as per rule.

(Candidate signature)

Name: _____

NEET Roll No._____

Rank (AIQ/DUQ)_____

Mobile No._____

Address: _____

(Counter signed by Father/Mother/Guardian)

U N D E R T A K I N G
(for enhance fee)

Date: / / **2023**

I, _____ S/o/D/o _____

Address: _____

Hereby give my undertaking that I will pay the remaining enhance fee of the my MBBS course as & when will be required/demand by the College in due course of time.

Signature _____

Name _____

Category _____

Course _____

NEET Roll No. _____

Mobile No. _____

Signature of the Father/Mother/Guardian

PLACE _____

DATE _____