

UNDER TAKING

I, Mr/Ms. _____

S/o., D/o. _____ selected for MBBS Course for 2023-24 do hereby undertake to complete the course as per the regulations of DR.YSR 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/-

Signature of the Candidate

I, Mr/Ms. _____

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 admission of Competent Quota/Management Quota as notified by University.

Date :

Signature of Parent

Witness

1. Signature :-

Name and Address in full :-

2. Signature:-

Name and Address in full :-