

## Undertaking

I, \_\_\_\_\_ hereby state, declare and undertake as follows:

1. The information/documents given at the time of application /counseling/joining/appointment is true and correct. I state that in the event anything is found to be incorrect or false or misleading at any time, I understand that my admission shall be cancelled forthwith, I may be prosecuted for the said incorrect or false or misleading information/documents.
2. I have read and understood all the Rules, Regulations, Circulars and Notifications of Admission to PG Medical Courses of the University of Gujarat/AMC MET Medical College, Ahmedabad and I shall abide by the same and I do not have any objections thereto.
3. I am not engaged in any PG Courses in any institute at the time of submission of Application Form and at present.
4. I have to pay the whole course fees of all the year/academic terms of College and University.
5. I have read and understood the Gujarat Professional Medical Educations Courses (Regulation of Admission in Undergraduate/Post Graduate Courses) Rules, 2017, especially Rule 12 thereof, which mandates that the college is not permitted to fill vacant seats after the date specified by the Admissions Committee.
6. I have read and understood Resolution No.7 dated 22<sup>nd</sup> August, 2019 (enclosed to this Undertaking), of the Executive Committee of the AMC Medical Education Trust, which states that in the event I leave the course in between its tenure and my seat is vacated, which the college is unable to fill with another student, I am entitled to pay half (50%) of the fees of the remaining full course.
7. I have to pay Rs. 5 lacs(for clinical subjects), Rs. 2 lacs (for diploma subjects), Rs. 1 lacs(for Non-clinical subjects) as a penalty to the Gujarat University.
8. I am aware that after \_\_\_\_\_ (date)cut-off / specified date by the Admissions Committee, the college will not be permitted to fill the vacant seat. I am aware and I understand that in the event I leave the course after \_\_\_\_\_ (date), my seat would remain vacant, which would result in a loss of opportunity for another student, as well as, a loss of course fee to the college.
9. I understand that after my admission and after \_\_\_\_\_ (date), if I do not join the course or resign / leave the course or for any reason whatsoever or in case of implementation of any rules of admission, my admission and/or registration is cancelled:

- a) My admission and registration will be cancelled without any notice.
  - b) I shall have to pay 50% of the remaining full course fees to the college as per the Resolution No.7 dated 22<sup>nd</sup> August,2019, of the Executive Committee of AMC Medical Educational Trust.
  - c) Any amounts deposited by me, including admission fees, tuition fees and University fees, will stand forfeited and I shall have no claims to the same.
- 10.** I declare and undertake that even if I have studied/completed a diploma refer guidelines, which entitles me to an exemption from undertaking the full course or completing the course earlier than the regular course duration, I would still be obligated and pay the 50% of the remaining full course fees to the college of 4 terms as per MCI Rules.
- 11.** I am aware and I understand that in the event of breach of any of the condition of the present Undertaking and/or failure on my part to pay the applicable course / tuition fees or a breach/violation of my bond, the college is entitled to take the steps and legal proceedings against me, for including, but not limited to, recovering course / tuition fees. Furthermore, I agree and confirm that in the event the college is constrained to resort to legal proceedings for any reason whatsoever, I shall be bound to pay the any and all costs that would be incurred to the college for pursuing the said legal proceedings.
- 12.** I shall obtain Permanent Registration with the NMC or Gujarat Medical Council. I shall produce in due course of time or in due course of time failing which the college shall take appropriate disciplinary actions against me.
- 13.** I will to apply for Gujarat University Registration in the prescribed form duly completed, through the college within one month from the last date of joining of reshuffling / counseling / final round of counseling. In case of failure to do so, the applicable term / terms of the course shall stand cancelled, depending upon the date of the application of registration.
- 14.** I will submit the topic of Dissertation in the prescribed form duly completed through the college within three month from the last date of joining of reshuffling / counseling/final round of counseling. The topic of Dissertation shall remain the same and not to be edited/changed. In case of failure to do so, the applicable term / terms of the course shall stand cancelled, depending upon the date of submission of topic of Dissertation.
- 15.** I will have to participate in Post Graduate Orientation program prior to registration with Gujarat University. In case of failure to do so, then my academic term / terms will not be granted until attend the same.
- 16.** I have to fulfill all the condition of bond as per the rules of government of Gujarat for Government College/Self Finance College.

17. I will have to pay the deposits and fees of college as per the rules and regulations.
18. I declare and undertake that in the event I remain absent during the P.G. Teacher Allotment, I shall have no claim for Post Graduate Teacher of my choice.
19. I undertake that I had completed my twelve months internship on or before \_\_\_\_\_.
20. I have also verified my eligibility before submission of Application for admission to Post Graduate Medical Courses / Post Graduate Medical Admission and also verify my eligibility to apply against category to which I am entitled. If through any mistake/error, the forms are accepted and through mistake/error, I am Admitted in a Post Graduate Medical Course and I found to be ineligible, in such case, I declare that I have no claim / right / interest arising out of acceptance of my form/admission in Post Graduate Medical Course.
21. I shall abide with the rules and regulation of National Medical Commission of India, Government of Gujarat and Gujarat University and AMC MET Medical College, Ahmedabad.

**Full Name of Candidate:** \_\_\_\_\_

**Allotted Branch:**\_\_\_\_\_ **Merit Number:**\_\_\_\_\_ **Quota:**\_\_\_\_\_

**Institute Name:**\_\_\_\_\_

**Mobile Number:**\_\_\_\_\_ **E-mail:**\_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

\_\_\_\_\_

**Place:** Ahmedabad.

**Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

**(Signature)**

**(Name)**