Undertaking (Under Graduate – M.B.B.S.)

hereby	I,declare that:	, aged	years, 1	having my pe	rmanent reside	nce at	,
anyt	thing is found to cancelled and I m	uments given at t be incorrect or fals nay be prosecuted,	se or misgu	aiding at any ti	me, I understan	d that my admis	ssion shall
		erstood all the Rules MBBS Courses of the courses of the courses of the course of the	•				
App	olication Form and eave the course a	anyd at present.After in the Reshuffling Co	my admiss	ion, if I do not	join the course	or resign from o	course
I. II.	•	on and registration eligible for future			•	reof.	
		BS course is of				course fees paya	ıble to
Adn man	nission in Underg	lerstood the Gujan graduate/Post Grad college is not per ee.	duate Cour	ses) Rules, 201	17, especially R	Rule 12 thereof,	which
		is the cut-o		•	•		
rem	ain vacant, which	nderstand that in to n would result in a ege and AMC ME	a loss of o			•	
2019 betw perri I un	9, which states to ween the tenure of mitted to fill with aderstand that my	ne Resolution No. hat if any student of the course and another student, the leaving the course loss of course fee	of AMC the vacano candidate mid-way	MET or the C cy arises, which e shall pay halt y would result	ollege, wants to ham AMC MET for the fees of one in a loss of op-	to leave the cou or the College remaining full C portunity for a	is not ourse.

copy of the said Resolution No.7 dated 22nd August, 2019, which is enclosed with this Undertaking and I have read and understood the same. I undertake to abide by the said Resolution.

- (9) I understand that in case I leave the course mid-way, after the cut-off date, all my deposited amount, admission fees, tuition fees and university fees will be forfeited and I will have no claim on it. Furthermore, I shall be liable, obliged and to pay half of the remaining course fees to the College or AMC MET.
- (10) 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, the College or AMC MET is entitled to undertake the appropriate 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 any and all costs that would be incurred to the College or AMC MET for pursuing the said legal proceedings.
- (11) I agree and understand that if, in the past, I have been admitted to any medical course of this or any other college and/or Gujarat University or any other university or equivalent body and I have not completed the course at the time of my admission, I will not be eligible and my admission would stand cancelled. Furthermore, in the said event, if my admission is cancelled after the specified date and the college is not in a position to fill my vacant seat, I am obligated to pay half of the remaining full course fees.
- (12) I shall give a bond of Rs._____/-. I undertake to submit the required bond documents and complete the official formalities, failing which my admission shall stand cancelled, I shall be liable to pay half of the remaining full course fees and I will be liable for any action taken by the college.(applicable for Government Scholarship Student)
- (13) I am aware and I have understood that I have to execute and provide a Bond to the college with regard to the applicable college / tuition fees. I agree and undertake to fulfill all the conditions of said Bond.(applicable for Government Scholarship Student)
- (14) I will have to pay the deposits and fees of college as per the rules and regulations.
- (15) I am aware that the hostel accommodation will be provided only for nonlocalites, after the final round of counseling.
- (16) I shall abide with the rules and regulation of National Medical Commission, Government of Gujarat and Gujarat University and Smt. NHL Municipal Medical College.

Full name of Candidate:	
Common Merit Number:	
Institute Name:	
Mobile Number	Signature:
Date:	Place