

## FORMAT OF UNDERTAKING IN REGARDS FOR THE FEES

**FROM:**  
1. **PARENT/GUARDIAN**  
Name & Address

2. **STUDENT**  
Name & Address

Date:

To,  
The Principal,  
MediCiti Institute of Medical Sciences,  
Ghanpur (V), Medchal (M),  
Ranga Reddy District – 501 401

**Sub: Undertaking in regard for the fees to be paid to the college.**

Dear Sir,

(1) I, Mr/Ms. \_\_\_\_\_ (Name of the student) residing at \_\_\_\_\_.

(2) We, Mr./Ms. \_\_\_\_\_ (Name of the Parent/Guardian)

residing at \_\_\_\_\_ the former having been admitted to the MBBS course at your institute under Management quota 'B' & 'NRI' Category hereby agree, affirm and declare jointly and severally that we shall abide to pay the yearly tuition fees of Rs...../- for remaining **Four (4)** academic years to the said Institute as specified by the institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any circumstances and that we will not raise the issue of refunding to us the said amount at any time or under any circumstance. We also agree and undertake to pay the prescribed fee for each term if the period of study is prolonged beyond the normal prescribed period of four and a half years of study due to any reason whatsoever. We also understand that if all the dues are not cleared, the student may not be allowed to appear for the university examination.

We further agree and declare that In the event of his / her seat falling vacant due to discontinuation of the course in the middle or any other reason we shall abide to pay the tuition fee and other fees for the remaining years of study as may be due on the date of discontinuation to MediCiti Institute of Medical Sciences, Ghanpur, in lump sum.

Yours faithfully,

STUDENT

PARENT