

(On 100/- Court Stamp Paper Affidavit with Notary)

UNDERTAKING

I _____ s/d/o _____ r/o _____
_____ aged about _____ years, being provisionally admitted to
the _____ (hereinafter referred to as 'Course') at Sharad Pawar Dental
College, Sawangi (Meghe), Wardha (hereinafter referred to as 'Institute') a constituent unit of
Datta Meghe Institute of Higher Education & Research (Deemed to be University), Sawangi
(Meghe), Wardha (hereinafter referred to as 'DMIHER (DU)' on _____.

- 1) I hereby undertake to make payment of tuition fees and any other applicable fees as decided by DMIHER (DU) from time to time during the entire course of my education at this Institute.
- 2) I understand and agree that in the event I leave the institute before completion of said course, I will be liable to pay the fees for the entire duration of the said course.
- 3) I acknowledge that No Objection Certificate (NOC) required for my withdrawal from the Institute will only be issued upon full payment of the fees for the entire course.
- 4) I further state that in case of failure of my part to pay the fees within the stipulated period, the Institute / DMIHER (DU) reserve the right to cancel my admission.
- 5) I will abide by rules & regulations of the Institute /DMIHER (DU).
- 6) I will faithfully carry out all the duties assigned to me by the competent Authority, from time to time.
- 7) I will complete all related formalities such as obtaining Migration Certificate, Essentiality Certificate etc. within one week from the date of admission.
- 8) I understand that failure to do so may result in deferment of my term as decided by the Institute/DMIHER (DU), and I will be solely responsible for the consequences that may arise in whatsoever manner.

NAME OF STUDENT _____

SIGNATURE OF STUDENT _____

WITNESS

1. _____

2. _____

I agree with this undertaking

NAME OF PARENT _____

SIGNATURE OF PARENT _____