



**Dr. NTR UNIVERSITY OF HEALTH SCIENCES: A.P: VIJAYAWADA – 520 008**

**UNDERTAKING**

I, Mr / Ms. \_\_\_\_\_ S/o: D/o: \_\_\_\_\_

selected for BDS Course for 2020-21 do hereby undertake to complete the course as per the regulations of Dr. NTR 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. 1,00,000/- and GST 18% i.e. Total Rs.1,18,000/-.

**Signature of the Candidate**

I, Mr./Mrs. \_\_\_\_\_ parent of Mr./Ms. \_\_\_\_\_

do hereby undertake to pay Dr. NTR University of Health Sciences a sum of Rs. 1,00,000/- and GST 18% i.e. Total Rs.1,18,000/- in case of discontinuation of BDS Course after joining by my Son/Daughter after the last date for free exit for admissions of Competent Authority 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.