

Note: To be typed on a ₹500 stamp paper and notarized by a Gazetted Officer

UNDERTAKING-CUM-INDEMNITY BOND

I.-----s/o/d/o/w/o-----

Age _____ years, residing at _____
presently residing at _____, do hereby solemnly affirm and declare as under:

1. I state that I have completed my Qualifying examination i.e. 10+2 / H.S.C. or an equivalent examination in India and passed the examination. I have obtained required marks and have qualified in NEET 2025. My NEET All India Ranking is.....
2. I state that I have read and understood the rules governing the admission procedure of DCI as well as fee structure and examination fees as prescribed by Dr. D. Y. Patil Vidyapeeth, Pune (Deemed to be University) (the “University”) and I agree to abide by these rules.
3. By accepting and confirming my admission in this course/programme, I state that, I have carefully studied and understood the Dr. D. Y. Patil Dental College and Hospital’s (the “College/Institute”) rules and regulations, bye-laws and any other similar document governing the terms and conditions for a student. I solemnly promise and undertake to abide by all the above stated obligations. I hereby agree to pay the prescribed fees in time, including fees payable to the University, during the entire duration of the course/programme without fail.
4. I state that at the time of securing my admission I have paid a sum of Rs. _____ /- as fees for _____ etc. Course (For One Year fee). I agree and acknowledge that the total terms fees including increased percentile component and also repeater (failure) fees will be charged as per the rules and guidelines of the concerned authority.
5. I, further state that, as per the terms of my admission to 1st year course, I shall complete the course and accordingly undertake to pay all the tuition and other fees as prescribed by Dr. D. Y. Patil Dental College and Hospital, Pimpri, Pune and Dr. D.Y. Patil Vidyapeeth, (Deemed to be University) Pune. In the event of my withdrawal / discontinuation of course/programme due to any reason at any point of time after my admission; I along with my parent/guardian hereby undertake to pay the balance tuition fees for the remainder of the course/ programme, any pending fees and other fees which would have accrued in the normal flow of the course/programme to Dr. D. Y. Patil Dental College and Hospital, Pimpri, Pune because I understand that once I get admitted in this college, there is no scope for admission of another student on my seat for the entire period of _____ years hence I become liable to pay the whole course/programme fee upon securing a seat and therefore it is equitable to ensure that the total course/programme fees are paid in the event of a premature termination of the course admission by me.
6. I state that I have undertaken and committed to enroll myself and reside in the Hostel for _____ years without exception and have further committed to reimbursing any expenses towards my stay in accordance with DPU Hostel Rules. I will not indulge in any other activity prohibited under the hostel rules/ discipline (UG & PG Hostel, Dr. D. Y. Patil Dental College and Hospital, Pimpri, Pune/Dr. D. Y. Patil Vidyapeeth Society, Pimpri, Pune) issued from time to time.
7. I hereby declare that I am fully aware that it is mandatory for me to independently procure a tablet (electronic notepad) of any suitable brand, at my own expense, for the purpose of entering

clinical records and other relevant data into the Hospital Information System (HIS). I undertake to ensure the timely purchase and regular usage of the device in accordance with the institutional guidelines and operational requirements.

8. I acknowledge that maintaining a minimum of seventy-five percent (75%) attendance in all academic, clinical, and practical sessions is a mandatory prerequisite for eligibility to appear in the University examinations. I understand and accept that failure to meet this attendance requirement will result in my disqualification from submitting the examination application form and from being issued the hall ticket.
9. Further, I undertake that I will declare as under and abide to execute this undertaking as under:
- a) Abide by all the conditions, bye-laws, rules, regulations and restrictions or orders, directions, suggestions, implementations or other work and responsibility, allotted to, imposed on me, if any, by the College and the University (Deemed to be University).
 - b) During the period of my course/programme, I shall not directly or indirectly do such things, including ragging of students, misconduct, etc. which are illegal or subversive to the interest of the Society / University (Deemed to be University)/ College/ Student/Colleagues.
 - c) Not to indulge in a political or quasi-political activity like strike or roadblocks or violent protests which will cause disrepute to the University (Deemed to be University) or the College.
 - d) Be responsible for my conduct and shall not allow myself to participate in any misconduct, misbehavior, illegal activities, etc., the consequences of which may extend up to termination of my admission or facing criminal procedure/action as per applicable law.
 - e) I also agree that, I have read and understood thoroughly, the UGC Regulations on Curbing the Menace of Ragging in Higher Educational Institution, 2009 and other Regulations/ Guidelines of the UGC from time to time, and agree to abide by the condition that I shall neither engage in any activity of ragging nor allow anybody, staff/student of the institute or others to do any set of ragging and also agree to report promptly any case/incidence of ragging, which comes to my notice, to the higher authorities of concerned persons and also agree to keep vigil on any such incidence.
10. I undertake that if any complication arises due to transaction of my fees then I will be solely responsible for the same. Institute will not be responsible for any of this.
11. If in case I fail to pay and breach this Undertaking regarding the above mentioned fees to Dr. D. Y. Patil Dental College and Hospital, Pimpri, Pune, / Dr. D. Y. Patil Vidyapeeth, Pune. I understand that, I have to pay the fine to College who has the right to take legal actions against me.
12. I undertake to bear all the expenses and charges with respect to the present undertaking.

This undertaking is given without any coercion, undue influence or threat and by my free consent. The contents herein above are read over and understood by me, and true to the best of my knowledge and belief, and for the confirmation I have signed under it by my own consent and free will, after seeking valid legal advice.

Hence, this Undertaking is signed on this _____ day of _____, 2025.

(Candidate Signature)

(Candidate Full Name)

(Candidate Contact No.)

(Parent Signature)

(Parent's Full Name)

(Parent's Contact No.)