
3 全


नी।धी मही है ता डोशवाय $412 \pm$ रb क्ता प्रपरो पुण Tै धी धाकर का से से 154
 ห२१/२२०५ संन तुकारम घ्रण fिषरी, पुण्ण - रह? - ?
To,


Dr. D.Y. Patil Dental College \& Hospital, Pimpri, Pune-411018.

Sub : Undertaking from the Medical Director of Padmashree Dr. D.Y. Patil Medical College, Pimpri, Pune - 18.
Sir.
In accordance with the provisions embodied in the new Dental College Regulations of 1993, I herewith render the following undertaking.

Since Dr. D.Y. Patil Pratishthan's Dental College \& Hospital, Pimpri, Pune - 18 is in the proximity of our Dr. D.Y. Patil Medical College \& Hospital, Pimpri, and is under one and the same management, I herewith give the permission to use our Hospital to the students of Dr. D.Y. Patil Dental College at Pimpri, Pune - 18


