I. Dr		aged about	Years,	Son/Daug	hter
/Wife	of		permanent	residing	at

UNDERTAKING CUM INDEMNITY BOND

...... and currently residing at do hereby state on

solemnly affirm and declare as under:

1.	I say that I have appeared for the conducted by the	of merit I have been admitted to Hospital and Research Centre, under the ambit of Dr. D. Y. ity (Deemed to be University)" conducted by the Directorate dovernment of India (GOI), New k No
3.	I say that at the time of securing my Rs/- as fees for MDS fee). I also say that I am aware that the charged as per the rules and guidelines	etc. Courses (For One Year he repeater (failure) fees will be
	I, further state that, in consideration course, I shall complete the MDS courpay all the tuition and other fees as proceed to College, Pune / Dr. D.Y. Patil Vidyap Pune. In the event of my discontinua reason at any point of time after material parent/guardian hereby undertake to fees to Dr. D.Y. Patil Dental College entire course without any demur.	se and accordingly undertake to escribed by Dr .D.Y. Patil Dental eeth, (Deemed to be University) tion of MDS course due to any ay admission; I along with my pay balance tuition and other
4.	This undertaking is given without an threat and by free consent. The conte and understood by me, and true to belief, and for the confirmation I has consent and free will.	ents herein above are read over the best of my knowledge and
hereby	is stated above is true and correct. I alor undertake to act accordingly	This, the day of
(Candi Name	date's Signature) :	(Parent/Guardian Signature) Name :