

UNDERTAKING SUBMITTED TO
Dr. Pinnamaneni Siddhartha Institute of Medical Sciences and Research Foundation,
Chinoutapally.

I _____S/O / D/O _____with NEET
Hallticket No:_____ and NEET Score _____ and Rank _____
having allotted seat in Dr. Pinnamaneni Siddhartha Institute of Medical Sciences and
Research Foundation, Chinoutapally under B/C"category under Management category,
joined in the-institution for pursuing MBBS course on this -----day of August
/September - 2023.

I state that I understand the rules and regulations of Dr. Pinnamaneni Siddhartha
Institute of Medical Sciences and Research Foundation, Chinoutapally and vouch that I
will pursue my MBBS course in this institution and complete the course with in the
stipulated period by Dr.YSR University of Health Sciences, Vijayawada. I also fully
understand the policy of Dr. Pinnamaneni Siddhartha Institute of Medical Sciences and
Research Foundation with regard to the collection of tuition fee and other fee.

I also undertake to pay the tuition fee and other fee as and when they fall due and
demanded by the college authorities.

I also undertake to pay the fee for the entire course even if I discontinue the course
because of reasons whatever they maybe and clear all my dues to the institution
before applying to Dr.YSR University of Health Sciences.

Signature of Father.

Signature of Student.