

(ON NON-JUDICIAL STAMP PAPER FOR Rs.100/-)

UNDERTAKING IN REGARD TO FEES TO BE PAID TO
Apollo Institute of Medical Sciences and Research, Chittoor

I _____ S/O/D/O _____ WITH NEET Roll No. _____,
NEET Score _____ and NEET Rank _____, Resident of _____
presently student of MBBS course at Apollo Institute of Medical Sciences and Research, Chittoor
with Enroll No..... and my father Jointly submitting this undertaking knowing all the
facts of the matter to indemnify and guarantee the Management as regards payments of fee other
monetary dues, to Apollo Institute of Medical Sciences and Research, Chittoor from time to time as
stated here under.

I Mr/Ms.....Name of the parent/Guardian/S/o,D/o,
.....resident of.....of village/city
.....Mandal.....District.....State, India hereby undertaking knowing
all the facts of the matter that my ward at (1) above having been admitted to the MBBS Course of
your institute under the Competent Authority (Category A) /Management Quota (Category B) /
(Category C).

A) We agree affirm and declare jointly and severally that we shall abide to pay the yearly
tuition fees of Rs..... (Rupees) for five academic
years to Apollo Institute of Medical Sciences and Research, Chittoor as specified by the
institute and the said fee shall be neither negotiable nor refundable under any
circumstances and that we will not raise the issue of refunding to us or reducing the said
amount at any time or under any circumstances.

B) We also agree and undertake to pay the prescribed fee for the each term on time as the
terms agreed with the Management and appended below: Tuition Fee Rs.
.....Per year •Other Fees Rs... Per year.

C) We also agree that in the event of failure to pay the prescribed fee for each term on time,
the management and /or the Principal, Apollo Institute of Medical Sciences and Research,
Chittoor will be at liberty not to allow the student to attend the classes, stop making
attendance to my ward at Apollo Institute of Medical Sciences and Research, Chittoor and
also consequently, the student may not be allowed to appear for the University Examination.

D) We further agree and declare that in the event of my ward's seat falling vacant due to discontinuation of the course by my ward in the middle of any academic session for any reason we shall abide to pay the tuition fee and other fees for the remaining years of study as may be due on the date of such discontinuation to Apollo Institute of Medical Sciences and Research, Chittoor in lumpsum.

E) We, Viz.,(student)..... (parent), have clearly read, understood and agree to follow the contents in their true meaning, abide by the terms and schedule of payment and are therefore, presenting this undertaking our of our own free will and without any duress to the principles of Apollo Institute of Medical Sciences and Research, Chittoor, Chittoor District, Andhra Pradesh. We therefore affix our signatures as token of acceptance of the above.

F) Notarized and submitted this.....day of..... at Apollo
Institute of Medical Sciences and Research,Chittoor ,ChittoorDistrict, AndhraPradesh.

Signature

Signature

Student:.....

Parent:.....

Name& Address:

Place:

Date:

//NOTARY//