**Undertaking**

(for Govt. /Corporation Medical Colleges only)

Name of the student : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Admission Year :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the College :- \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, hereby agree to give an undertaking as prescribed by Government of Maharashtra as per admission rule to the effect that if I go abroad within a period five years after completion of the MBBS course, I shall reimburse an amount of Rs.10,00,000/- (Rupees Ten Lakh Only) towards the expenditure incurred by Government on my Education.

Signed and delivered by:

IN WITNESS WHERE OF THE ABOVE NAMED.

Affix latest passport site photograph

Name of the student and Address Signature with Date

**Sureties**,

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Signature, Name and Address (attach (ID / residential proof) | Affix latest passport size photograph | 2. Signature, Name and Address (attach (ID / residential proof) | Affix latest passport size photograph |

**Witness,**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Signature, Name and Address (attach (ID / residential proof) | Affix latest passport size photograph | 2. Signature, Name and Address (attach (ID / residential proof) | Affix latest passport size photograph |