## **UNDERTAKING FOR PAYMENT OF FEES**

(To be submitted by the student and parent/guardian on a ₹100 non-judicial stamp paper duly notarized)

Γo, Γhe Do	aan
	ACPM Medical College & Hospital,
	,Maharashtra.
- 110110	,
Subjec	t: Undertaking for Payment of Institutional Fees as per Approved Schedule
, the ı	indersigned,
Full l	Name of Student:
Date	of Birth:
	ile Number:
	il ID:
Pern	nanent Address:
Full Relate Mobi	Indersigned (Father / Mother / Legal Guardian of the student),  Name:  tionship with Student:  ile Number:  No. (if applicable):  That the above-named student has been admitted to the MBBS course/MD-MS Course at
	JMF's ACPM Medical College & Hospital Dhule a private unaided institution affiliated with Maharashtra University of Health Sciences, Nashik underquota (e.g., Open / Institutional / NRI / Management) for the academic year
2.	That we fully understand that the fees Structure for Private Unaided Medical Colleges in Maharashtra is approved by the Fees Regulating Authority (FRA), Maharashtra and, we, agree to pay the same as applicable from time to time, including but not limited to: - Tuition Fees - Development Fees - Hostel Fees (if applicable) - Examination / University Fees

- Any other applicable charges (as Notified)

- 3. That we agree to pay the above-mentioned fees on or before the due dates notified by the institution from time to time and understand that delay in payment may result in late fees, penalties or any other suitable administrative action.
- 4. That we understand and accept that fees once paid are non-refundable, except in accordance with the rules of the competent authority or as per the college's refund policy duly notified in advance.
- 5. I am fully aware that the aforesaid fees Paid by me is interim Tuition fees and are subject to revision at any time. In event of the fees being increased by the Fee Regulating Authority, Mumbai or Judicial Pronouncement, I hereby undertake to pay the difference amount of the fees within a period of 7 days from being notified.
- 6. That we further undertake not to seek cancellation of admission. However, in the event cancellation becomes necessary after the cut-off date that a. Due to non-eligibility declared by the competent authorities, owing to submission of incorrect documents or anv other specified **b.** Due to suspension or debarment of the candidate for wrong practices / malpractices in the college, as proved by the Investigating Committee or recommended by the affiliating university.
  - **c.** Due to any personal reason/Health reason of the candidate, we shall be fully liable to pay the entire course fee as applicable, in accordance with the rules and guidelines published in the Admission Brochure / Prospectus and as per the directives of the competent authorities.
- 7. That in case of any default or non-compliance with the terms of this undertaking, the college shall be entitled to take appropriate action, including recovery of dues through legal means.

Date: / /20				
Place:				
Signature of Student Name:	Signature of Parent / Guardian Name:			
Witnesses:				
1. Name:	Signature:	Contact:		
2. Name:	Signature:	Contact:		