

To be submitted on stamp paper of Rs 50/- and Duly Attested by Notary Public

MBBS/BDS Admission-2025
Undertaking jointly by the Student and Parents/Guardian

We (Name of the Student) _____ and (name of
 Father/Mother/Guardian of Student) _____ declare as under:-

A BY THE STUDENT

1. I have taken admission in MBBS/BDS Course at Adesh Institute of Medical Sciences and Research/Adesh Institute of Dental Sciences & Research, Bathinda in response to their relevant prospectus after having read and understood all the terms and conditions therein.
2. I agree to abide by the terms and conditions of the prospectus.
3. I understand that the duration of course of instruction for the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) including Compulsory Rotatory Internship, shall be five and a half years and for the degree of Bachelor of Dental Surgery (BDS) including Compulsory Rotatory Internship, shall be Five years.
4. I understand that if all the certificates submitted by me are not approved by the authorities concerned, my admission shall be cancelled.
5. I agree that my admission shall be cancelled if I am found to have submitted incorrect or incomplete information to the college authorities. I agree that in such case, fee paid shall not be refunded to me. Decision of the Principal in such a case will be final. I confirm that I have not been disqualified from any University/Board.
6. I also understand that the decision of the Admission Committee will be final and that my admission made will be subject to approval by Competent Authority.
7. I understand that the full fee paid by me on being admitted to the course is as per the prospectus for 2025 and that the fee is payable either by RTGS or bank demand draft in the name of " Adesh Institute of Medical Sciences and Research/Adesh Institute of Dental Sciences & Research, payable at Bathinda" against a proper receipt, and that cheques will not be accepted. I know and agree that the fee once paid is not refundable.
8. I agree to pay all the dues as notified by the college authorities from time to time and on the dates fixed for the purpose and understand that fees/dues paid once are not refundable. I agree that any outstanding dues against me, as and when I leave the college, shall be adjusted by the authorities concerned from my security deposit and the balance, if any, claimed from me.
9. If I, directly or indirectly, take part in any movement to create any kind of disturbance during the period of the aforementioned course, including compulsory rotatory internship period, in the College/ Hospital or hold or address a meeting in the College/Hospital or participate in any other activity which, in the opinion of the Principal/Medical Superintendent will undermine the College/ Hospital discipline or indulge in taking alcoholic beverages or hallucinogenic drugs; I agree that my name shall be removed from the rolls of the college. I agree that the decision of the college authorities in such matters shall be final and binding on me.
10. I understand that if I directly or indirectly, indulge in ragging in any form, I shall be liable to such punitive action as may be determined by college authorities and/or as per law for the time being in force.
11. I understand that I will be permitted to take the 1st phase MBBS/BDS Examination as and when due provided I put in the required attendance of 75% in theory and 80% in non-theory (Practical) classes and 75% attendance in foundation course along with 50% marks in Internal Assessment and acquire all certifiable competencies as per the rules of the University and National Medical Commission/Dental Council of India.

12. If the college authorities find, on the basis of my attendances, results in the college examinations or my failure to take such examinations, that I am not a fit Student to be promoted to the next higher class or to appear in a professional examination, I agree to be detained in the same class or be debarred from appearing in the university professional examinations.
13. I understand that, I shall not be allowed to leave the course after the cutoff date of admission or before completing the full course including internship training due to any reason whatsoever, failing which I understand that I have to pay all balance fee for entire course. In support of the same I am also submitting a Bank Guarantee/Surety Bond equal to the fee for the remaining part of the course.
14. I understand that as per NMC regulations I have to clear 1st year of MBBS in maximum four attempts or in maximum four years (even if attempts are less), failing which I will be relieved/debarred from pursuing further course.
15. I understand that I will not be promoted to Phase-II of MBBS of training till the time I clear all subjects of Phase-I, as per NMC regulations.
16. I understand that I have to complete full MBBS course in minimum 10 years (or as amended by NMC), failing which I will be relieved/debarred from pursuing further course.
17. I understand that entire course of MBBS including internship is to be completed at Adesh Institute of Medical Sciences and Research, Bathinda and I will not be allowed to attend Internship at any other Hospital/Medical College, as per NMC regulations. So, I will not apply for the same.

B. BY PARENT/GUARDIAN

18. I _____ Father/ Mother /Guardian of _____ hereby declare that I shall abide by the rules of Institution and those made by the authorities hereafter.
19. I hereby declare that I hold myself responsible for the timely payment of all the dues i.e. tuition fee, hostel dues, fines, canteen, mess and other charges etc. payable to the Institution, in respect of my son/ daughter/ ward _____ (name of the Student) during the period of his/her studies in MBBS/BDS Course.
20. I understand that after 1st year all types of fees are to be submitted on annual basis and not in installments.
21. I declare that he/she has never been disqualified by any University or Board.
22. I understand that, my ward will not be allowed to leave the course after the cutoff date of admission or before completing the full course including internship training due to any reason whatsoever, failing which I understand that I have to pay all balance fee for entire course. In support of the same I am also submitting a Bank Guarantee/Surety Bond equal to the fee for the remaining part of the course.

Signature of the Parent /Guardian

Signature of the Student

Guardian's relationship with the Student _____

Address of Guardian _____

Witness: (with full name address and signature)

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| _____ | _____ |
| _____ | _____ |

Solemnly affirmed and signed in my presence on this _____ day of _____ month of year _____, after reading the contents of this affidavit.

Notary Public