ADESH UNIVERSITY

(Established under Government of Punjab Act 6 of 2012)

NH-7, Barnala Road, Bathinda-151101 Punjab (India)

Post Graduate Admission 2025

SELF-UNDERTAKING

I_____ (Student) Son/Daughter of _____ declare as under that:-

1. I have taken admission in PG Course in the subject of _____ at _____ (a constituent College of Adesh University), Bathinda during centralized counseling held on _____ at _____ conducted by Baba Farid University of Health Sciences, Farikot in reference to the Notification No. _____ dated _____ issued by Govt. of Punjab.

2. I agree to abide by the terms and conditions of the institution/Adesh University.

3. I understand that the duration of the course is Three 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 and in addition, I will have to pay all balance fee for the entire course. Decision of the Principal in such a case will be final. I confirm that I have not been disqualified from any University.

6. I understand that Adesh Institute of Medical/Dental Sciences & Research is a constituent college of Adesh University, Bathinda.

7. I understand that MD/MS is a fully residential programme and I have to stay in the hostel for full duration of the course.

8. I also understand that the decision of the Admission Committee will be final and that my admission will be subject to approval by competent authority.

9. I understand that the full fee paid by me on being admitted to the course is as per the norms of the competent authority and that the fee is payable by bank demand draft in the name of "Principal, Adesh Institute of Medical/Dental Sciences and Research, Bathinda" against a proper receipt, and that cheques will not be accepted. I know and agree that the fee once paid is not refundable.

10. 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.

11. If I, directly or indirectly, take part in any movement to create any kind of disturbance during the period of the aforementioned course, in the College/ Hospital or hostel or address a meeting in the College/Hospital or participate in any other activity which, in the opinion of the Principal/Dean Academics/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.

12. 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.

13. If the college authorities find, on the basis of my attendance, 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 year or to appear in a professional examination(s), I agree to be detained in the same class or be debarred from appearing in the university professional examinations.

14. I declare that I have read all the conditions and rules laid down in the prospectus and I undertake to follow all such conditions and rules.

Date: _____   Signature of the Student

Witness by Two Persons: (with Full Name, Address and Signature)

Person 1st:

Name: _____ S/o, D/o _____

Permanent Resident of _____

Date _____   Signature

Person 2nd:

Name: _____ S/o, D/o _____

Permanent Resident of _____

Date _____   Signature