

UNDERTAKING

I, Dr _____ S/o, D/o _____ with Admission No _____ admitted into 1st year postgraduate Degree/Diploma course in _____ during the academic year _____, do hereby undertake to pay Tuition Fee and Other Fees as notified by the Principal, Kamineni Institute of Medical Sciences, Narketpally, Nalgonda District from time to time and also do undertake to pay Tuition Fee and other fees as revised either by Government of Telangana State or Management of Kamineni Education Society. I am eligible for Tuition Fees reimbursement as I submitted low income certificate & SC/ST Category Certificate.

I also undertake to pay the total tuition fee my self if it is not reimbursed by the Govt of Telangana or Andhra Pradesh.

Signature of Parents/Guardian

Signature of the Candidate

Date :

Date :