

Undertaking

Date:

To

The Principal

Sinhgad Dental College and Hospital

Pune

From

Students Name and address

Mobile no:

I undersigneds/o.....hereby state that I have been selected for MDS course in the subject of.....at Sinhgad Dental College and Hospital, Pune in selection list published by State CET Cell.

As per facility given by College in view of the current unavoidable situation of COVID-19, I am herewith sending the soft copy of signed cheque, bearing no:, amount Rs...../- drawn ontowards tuition fees in favour of Sinhgad Dental College and Hospital, Pune along with soft copies of all requisite documents as per requirements and I also hereby undertake that I will physically submit all the required original certificates before the initiation of 2nd State Quota Round .

Further, I declare that I will produce this cheque physically or will be transferring the fees by NEFT/RTGS/IMPS as and when I will fill up my Status Retention form or anytime before the initiation of Institutional Round.

If fail to abide by any of the above mentioned statements of mine, I alone will be liable for any legal and/or any other action that maybe initiated by the College Authorities/ or any other Authorities concerned due to non-payment of fees and/ or non-submission of all required documents thereof.

Student Signature

Date