**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 Fee reimbursement as I submitted low income certificate & SC / ST Category Certificate.

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

Signature of Parent / Guardian Signature of the Candidate