

UNDERTAKING

I ----- say that I have applied for Additional Qualification Certificate for Post-Graduation Courses of ----- completed from-----Institute of ----- University.

I say that, I , ----- have completed the aforesaid PG from ----- Institute and was bonfide student of said Institute in during the period -----.

I say that, at present I do not have the bonafide certificate of aforesaid institute.

I further say that aforesaid post-graduation certificate was granted after completion of said courses successfully from aforesaid institute and it is genuine.

I further say that during the scrutiny by the council if found fraudulent or bogus, then I am well aware that, I am liable for the punishment in view of section 22 of MMC Act. 1965 as amended.

I therefore, give the present undertaking to Maharashtra Medical Council enable to grant me Registration for Additional Qualification Certificate.

Certificate

I certify that above mentioned undertaking is willingly given by me and I will abide by it.

Place : _____

Signature _____

Date : _____

Dr. _____

Reg. No. _____