

(TO BE SUBMITTED ON STAMP PAPER DULY SIGNED BY NOTARY)

FORMBBS MANAGEMENT SEATS UNDERTAKING

I, Mr/Ms (Name of the Candidate), aged about.....years,
S/D/o(Name of the Parent) resident of
(permanent / present address of Parent) do hereby swear an oath as follows:

I have been selected to the MBBS course at Sri Devaraj Urs Medical College, Tamaka, Kolar, constituent college of Sri Devaraj Urs Academy of Higher Education & Research (Deemed-to-be-University) [under Section 3 of the UGC Act 1956] through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank (All India Rank) under management Quota.

I say that on my own will and with the permission of my parents/guardian took admission to the MBBS course at Sri Devaraj Urs Medical College, Tamaka, Kolar as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the MBBS course and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

I YEAR	II YEAR	III YEAR	IV YEAR	V YEAR
Date of payment: (at the time of admission)	Date: 01-07-2026	Date: 01-08-2027	Date: 01-08-2028	Date: 01-08-2029
Rs.19,40,000/-	Rs.19,40,000/-	Rs.19,40,000/-	Rs.19,40,000/-	Rs.9,70,000/-

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

In the event of my discontinuation from MBBS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees for the remaining years of study to Sri Devaraj Urs Medical College, Tamaka, Kolar i.e., Rs.....without any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Sri Devaraj Urs Academy of Higher Education & Research (Deemed to be University).

I Dr/Mr/Ms Son/Daughter of have been informed that after the completion of the MBBS/MD/MS course which I am pursuing in Sri Devaraj Urs Medical College constituent unit of Sri Devaraj Urs Academy of Higher Education and Research, Kolar, I will undertake to honor the statutory regulations of **“Karnataka Compulsory Service by Candidates Completed Medical Courses (Counseling, Allotment and Certification) (Amendment) Rules, 2024”**. I am aware of the contents of the said Act and understand that penalty can be imposed on me under Section 7 of the Act for non-compliance with its provisions. I understand that Sri Devaraj Urs Medical College constituent unit of Sri Devaraj Urs Academy of Higher Education and Research, Kolar can choose to retain the original documents submitted by me till I comply with the provisions of the Act.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2025 at Kolar, Karnataka.

Signature of the Candidate

Signature of the Parent/Guardian

(TO BE SUBMITTED ON STAMP PAPER DULY SIGNED BY NOTARY)

FOR MBBS NRSEATS UNDERTAKING

I, Mr/Ms (Name of the Candidate), aged about years, S/D/o(Name of the Parent) resident of (permanent/present address of Parent) do hereby swear an oath as follows:

I have been selected to the MBBS course at Sri Devaraj Urs Medical College, Tamaka, Kolar, constituent college of Sri Devaraj Urs Academy of Higher Education & Research (Deemed-to-be-University) [under Section 3 of the UGC Act 1956] through the Common Counselling conducted by the Directorate General of Health Services (DGHS), Government of India, New Delhi through NEET Rank (All India Rank) under management NRI Quota.

I say that on my own will and with the permission of my parents/guardian took admission to the MBBS course at Sri Devaraj Urs Medical College, Tamaka, Kolar as per the MCC/DGHS Allotment Order dated

I hereby agree to complete the MBBS course, and accordingly undertake to pay all the tuition and other fees as per the given fee structure.

I YEAR	II YEAR	III YEAR	IV YEAR	V YEAR
Date of payment: (at the time of admission)	Date: 01-07-2026	Date: 01-08-2027	Date: 01-08-2028	Date: 01-08-2029
\$.46,000/-	\$.46,000/-	\$.46,000/-	\$.46,000/-	\$.23,000/-

I further agree that, if I fail to pay the above mentioned fee, I will not be allowed to attend my course.

In the event of my discontinuation from MBBS course due to any reason; I along with my parent/guardian hereby undertake to pay balance tuition and other fees for the remaining years of study to Sri Devaraj Urs Medical College, Tamaka, Kolar i.e., a sum of USD without any demur.

I shall have no claim for refund of fee or other charges already paid or whatsoever against the Sri Devaraj Urs Academy of Higher Education & Research (Deemed to be University).

I Dr/Mr/Ms Son/Daughter of have been informed that after the completion of the MBBS/MD/MS course which I am pursuing in Sri Devaraj Urs Medical College constituent unit of Sri Devaraj Urs Academy of Higher Education and Research, Kolar, I will undertake to honor the statutory regulations of **“Karnataka Compulsory Service by Candidates Completed Medical Courses (Counseling, Allotment and Certification) (Amendment) Rules, 2024”**. I am aware of the contents of the said Act and understand that penalty can be imposed on me under Section 7 of the Act for non-compliance with its provisions. I understand that Sri Devaraj Urs Medical College constituent unit of Sri Devaraj Urs Academy of Higher Education and Research, Kolar can choose to retain the original documents submitted by me till I comply with the provisions of the Act.

The content mentioned above is true and correct to my knowledge. I hereby, along with my parent/guardian undertake to act accordingly. This, the day of 2025 at Kolar, Karnataka.

Signature of the Candidate

Signature of the Parent/Guardian