UNDERTAKING FOR PAYMENT OF FEES

(To be submitted on a Non-Judicial Stamp Paper of Rs 100/- duly notarized)

I, Dr. _____, S/o / D/o _____, resident of _____, _____, bearing **NEET PG Roll No.:** _____ and **All India Rank (AIR):** _____, have been provisionally allotted a seat in the **Postgraduate Medical Course (MD/MS)** in the specialty of _____ at **Gouri Devi Institute of Medical Sciences & Hospital, Rajbandh, Durgapur** through the **West Bengal Medical Counselling Committee** for the academic year **2026** - **2027**.

I do hereby solemnly affirm and undertake the following:

1. **Willingness for Upgradation:** I have opted for the Upgradation option to participate in the subsequent rounds of counselling for a preferred choice of seat /specialty / institution.

2. **Liability of Full Fees:** In the event that my seat is **not upgraded** in the subsequent rounds of counselling, or if I choose to retain the currently allotted seat, I declare myself fully liable to pay the complete first-year course fees and subsequent annual tuition fees in the form of Bank Guarantee/ Demand Draft / RTGS/ 02 Post Dated Cheques.

3. **Timeline of Payment:** I undertake to deposit the entire applicable first-year annual fees directly to the allotted institution immediately upon the final retention of this seat or within the timeline prescribed by the competent authorities. Remaining fees for the

subsequent two years will be paid by me in the form of Bank Guarantee/ Demand Draft / RTGS/ 02 Post Dated Cheques.

4. **Course Discontinuation & Penalty:** I understand that if I fail to join, default on fee payments, or prematurely discontinue the course due to any personal, health, or other reasons after the final locking of seats, I shall be legally bound to pay the total institutional fees for the entire duration of the 3-year course without any demur.

5. **Retention of Documents:** I am aware that my original academic and professional documents submitted at the time of reporting will be retained by the institution and will only be returned to me upon full compliance with the institutional fee regulations and clearance of dues.

What is stated above is true and correct to the best of my knowledge, information, and belief.

Date: _____ / ____ / 2026

Place: _____

Signature of the Candidate: _____

Name of the Candidate: _____

Signature of the Parent/Guardian: _____

Name of the Parent/Guardian: _____

Witness 1:

Name: _____ Signature: _____ Contact: _____

Witness 2:

Name: _____ Signature: _____ Contact: _____