

APPLICATION NO:



AMC MEDICAL EDUCATION TRUST

Dr. Ramanbhai Patel Bhavan, Usmanpura, Ahmedabad-380 006

Address for Communication:-

**Smt. NHL Municipal Medical College
V.S. Hospital Campus, Ellisbridge
Ahmedabad
amcmet2008@gmail.com**

**APPLICATION FORM with
RULES & REGULATIONS (NRI Quota Seats)
2015 – 16**

M.B.B.S. /B.D.S. /B.PT. Courses

LAST DATE FOR RECEIVING APPLICATION

03 - 07 - 2015

NAME _____
(Surname first)

FOR OFFICE USE ONLY

REGD.NO.	:	CATEGORY	:
CATEGORY CLAIMED	:	MERIT MARKS	:
REMARKS	:	MERIT NO.	:

2015-16

R E C E I P T

Surname

Name

Father's Name

Received from Mr./Miss _____
(For candidate to write)

an application form for admission to M.B.B.S./B.D.S./B.P.T Course on NRI seats along with processing and scrutiny fees of Rs.15,000/- by Cash /D.D.No. _____ in favour of "**AMC MEDICAL EDUCATION TRUST**" Payable at **Ahmedabad** drawn on Bank & Branch _____ Dt.

For Office Use Only

Regd.No. _____

Dated. _____

Category _____

Receiver's Signature

AMC MEDICAL EDUCATION TRUST

Ahmedabad-380 006.

Tel. No. Office : + 91 79 26576275

 Fax : + 91 79 26578451

E-mail Id: amcmet2008@gmail.com

Website : www.nhlmmc.edu.in

IMPORTANT INSTRUCTIONS

- (1) Any Change in any of the documents or in the examination marks after submission of the application should be promptly reported to the college office with attested copy of the same. The candidate will be responsible for consequences if he/she fails to do so.
- (2) Admission to this college will be finalized on the basis of merit lists as prescribed under the rules. Time table and venue for the personal interview will be intimated later. The students are advised to carefully note down the time and venue of their personal interview. The college will not be responsible if students loses his admission by remaining absent at the interview.
- (3) Students should carefully read the rules for admission before submitting the application form. **In the event of anything stated therein being found factually or incorrect, the admission will be liable to be cancelled.**
- (4) A candidate seeking admission to the M.B.B.S. / B.D.S. / B.P.T. Courses on NRI seats must submit his/her application in writing in the prescribed form. The form may be downloaded from www.nhlmmc.edu.in and submit to Dy. Director, AMC Medical Education Trust, Smt.N.H.L. Municipal Medical College, Ellisbridge, Ahmedabad with processing and scrutiny fees of Rs.15,000 in Cash/Demand Draft. The form, duly filled and signed with DD to be submitted Personally so as to reach the office of AMC MET on or before the prescribed last date which will be notified in the local newspaper and/or on the college notice board. No application will be accepted or considered except submitted personally. Application will not be accepted or considered received through post / courier of any other mean. Incomplete application will be rejected. The payment shall be made by DD in favor of "**AMC MEDICAL EDUCATION TRUST**" payable at Ahmedabad.
- (5) No application for admission will be considered unless it is accompanied by attested copies of the certificates.
- (6) Students Joining Medical/Dental/Physiotherapy College will be awarded degree from Gujarat University to which the colleges are affiliated.
- (7) Candidate who wants to apply for M.B.B.S. as well as B.D.S. & B.P.T. has to attach undertaking of fee / Sponsoror letter for Fee for each course seperately.
- (8) **All further communication will be by email only.**

RULES & REGULATIONS

1. **“NRI”** means a Non-Resident Indian as defined under Income Tax Act.1961 read with Foreign Exchange Management Act, 1999.

Please also refer :

- (i) Supreme Court Judgment in Appeal (Civil) 5041/ 2005 dt.12.8.2005 and others
- (ii) High Court of Gujarat Order in SPA No.7445/2011 dt.5.7.2011
- (iii) High Court of Gujarat Order in SPA No.9003/2013 dt. 22.7.2013
- (iv) High Court of Gujarat Order in SPA No.9007/2013 dt. 22.7.2013
- (v) High Court of Gujarat Order in SPA No.9008/2013 dt. 22.7.2013

Foreign Citizen of Indian Origin(NRI) staying in India will be eligible for NRI seat.

2. **“NRI DEPENDENT” : “FOR NRI”** – As above plus please refer High Court of Gujarat Order dt.27.09.2010 in SP.C.A No.9079/2010.

The student seeking admission under NRI Dependent category should submit the affidavits duly affirmed before the Executive Magistrate, by their parents, categorically stating as to how they do not have economic means to provide for necessary fees and other expenditure for the course in question. The aforesaid affidavit should also indicate as to in what manner a student claims to be a dependent of NRI and also indicate the materials suggesting that in past also for his/her education and other related requirements, he/she was dependent on such sponsor.

3. **ELIGIBILITY CRITERIA: Please refer to rules-para 6B of Notification by Health & Family welfare department, Government of Gujarat, Gandhinagar No. : GP-11-MCG-1008-931-J, NO. GP-16-MCG-2009-810396-J, No. GP-07-MCG-1013-957-J, GP-12-MCG-1014-402-J & GP-10-MCG-1015-SFS 30/J dt.29/05/2015.**

(a) For Non Resident Indian Seats:-

- (1) (i) A candidate shall be Non-Resident Indian, or
(ii) his/her parents or in absence of his/her parents, his/her legal guardian shall be Non Resident Indian, or
(iii) he/she shall be dependent of Non Resident Indian for the educational purposes and shall have necessary proof/evidence in support of his dependent
- (2) A candidate shall have completed 17 years of age on the 31st December of the Academic Year for which the admissions are being conducted.

Provided that in case of under age candidate, he/she may be granted admission at the time of counseling but his/her academic term shall start from the day when he/she completes 17 years of age and his/her term in the concerned Professional Medical Educational College or Institution shall commence after completion of age of 17 years.

- (b) The candidate should have secured minimum 50 % marks in subject of Physics, Chemistry and Biology in respective exam of board as per norms of MCI/ DCI.**
- (c)** Bonafide NRI students shall be required to produce equivalence certificate, from the Association of Indian Universities, New Delhi of his/her passing the qualifying examination of the country to which such examination relates.
- (d)**“ Provisional Eligibility Certificate” should be obtained from Gujarat University within One month of the admission.

- (e) "Migration Certificate" should be obtained by the student who have passed from other than G.H.S.E.B. within one month of admission.
- (f) The candidate who is dependent of Non Resident Indian shall have to produce necessary proof in support thereof to the satisfaction of the concerned College or Institution. 'Dependent of Non-Resident Indian', it would not be enough that a candidate produces willingness of the sponsor to pay his/her fees for the course in question. It would be necessary for the candidate to show in what manner he/she of she claims to be a dependent of the NRI. A candidate would have to produce before the authority materials suggesting that in the past also for his/her education and other related requirements, he/she was dependent on such sponsor and that the parents do not have economic means to provide for necessary fees and other expenditure for the course in question. Please refer High Court of Gujarat Order dt.27.09.2010 in Special Civil Application No.9079/2010.

1. MERIT LIST : Please refer to rules C(4) of notification Health & Family welfare department , Government of Gujarat, Gandhinagar dt.29/05/2015

Admission on the non-resident Indian seats shall be given by the management on the basis of inter-se merit list of the candidates, who have applied for admission against the Non- Resident Indian seats in the following manner namely.

- (i) The candidate who is Non-Resident Indians as also the candidate whose parents and in the absence of his/her parents, his/her legal guardian who is Non-Resident Indian, shall be offered the Non- Resident Indian seats in the first instance
- (ii) and thereafter, the Non-Resident Indian Seats, if remains vacant, shall be offered to the candidate who is dependent of the Non-Resident Indian.
In above both category, preference shall be given to the candidate/parents who are domicile of Gujarat. It means merit list will be prepared as follow:
 - a. Merit list of Genuine NRI candidates who are domicile of Gujarat
 - b. Merit list of Genuine NRI candidates who are not domicile of Gujarat
 - c. Merit list of dependent NRI candidates who are domicile of Gujarat
 - d. Merit list of dependent NRI candidates who are not domicile of Gujarat
- (iii) The candidate whose Guardian is NRI shall have to produce necessary proof to the satisfaction of the college or institution establishing that in the absence of his/her parents, the concerned person has been legally appointed as his/her guardian: and
- (iv) The candidate who is dependent of NRI shall have to produce necessary proof in support thereof to the satisfaction of the college or institution.
- (v) The merit order will be first decided on the basis of aggregate marks in external examination in theory of the science subjects i.e. Physics, Chemistry & Biology at HSCE or its equivalent examination.
- (vi) The criteria for deciding merit order in case of students having equal merit marks shall be in the following sequence, namely:-
 - (a) The candidate who has obtained higher grand total in the marksheet.
 - (b) The candidate who obtained higher marks in theory subject of Biology in qualifying examination, in case of equal marks in Biology, grand total in the Chemistry and then Physics shall be considered.
 - (c) Marks obtained in English subject in qualifying examination
 - (d) Marks obtained in Secondary School Certificate Examination (Standard 10), and
 - (e) Date of Birth (Candidate who is older in age shall be given priority).

2. DOCUMENTS: Application will be considered only if it is accompanied by copies of the following certificates, duly self attested.

- (a) School Leaving Certificate or any other authorized document clearly showing date of birth.
- (b) SSCE (or its equivalent examination) mark sheet, passing certificate and attempt certificate.
- (c) HSCE (or its equivalent examination) mark sheet, passing certificate and attempt certificate.
- (d) Equivalence Certificate of HSCE examination in case of students from foreign country.
- (e) Undertaking [dully notarized] in Regards of Fees from NRI Student / Parent for NRI/ NRI Children/NRI Ward Category.
- (f) Undertaking [dully notarized] Letter from Sponsor for NRI Dependent Category.
- (g) Affidavit before Executive Magistrate by parents for NRI dependent.
- (h) Passport (Color Scan Copies of All pages of passport including blank pages)of NRI/ NRI Children/Ward Category /NRI Sponsor.
- (i) Transcript in case of student from foreign country.

3. The applicant shall have to produce the original certificates at the time of admission. If during scrutiny or any time there after any discrepancy or incorrectness is noticed, the admission is liable to be cancelled forthwith. The candidate could be expelled and criminal action will be initiated against him.

4. An applicant who has passed the qualifying examination from other State/National boards will be admitted provisionally till he/she produces certificates or provisional eligibility from Gujarat University within one month of joining course. Their admission will be confirmed only after final eligibility certificate from the University is produced.

5. (i) The tuition fees payable will be as follows:-

(a) **FOR M.B.B.S Course** - The fees are to be paid in five installments as follows:-

- First Installment : At the time of admission(US\$ 25000)
- Second Installment : Beginning of 3rd Term (US\$ 25000)
- Third Installment : Beginning of 5th Term (US\$ 25000)
- Fourth Installment : Beginning of 7th Term (US\$ 25000)
- Fifth Installment : Beginning of 9th Term (US\$ 12500)

(b) **FOR B.D.S Course** - The fees are to be paid in four installments as follows:-

- First Installment : At the time of admission (US\$ 12000)
- Second Installment : Beginning of 3rd Term (US\$ 12000)
- Third Installment : Beginning of 5th Term (US\$ 12000)
- Fourth Installment : Beginning of 7th Term (US\$ 12000)

(c) **FOR B.P.T. Course** - The fees are to be paid in four installments as follows:-

- First Installment : At the time of admission (US \$ 6000)
- Second Installment : Beginning of 3rd Term (US \$ 6000)
- Third Installment : Beginning of 5th Term (US \$ 6000)
- Fourth Installment : Beginning of 7th Term (US \$ 6000)

- (ii) In addition, the student will pay enrollment fees to the University at the time of admission as prescribed by the University.
- (iii) (a) The tuition fees U.S. \$ 1,12,500 is for the prescribed duration of MBBS course i.e. 4 ½ years of the study of medical course and one year of internship. If this period is prolonged beyond 4 ½ years for reasons such as failures or drop at the examination, inadequate attendance etc., the student will have to pay additional fees of US \$ 12500 for each extra term and will be allowed up for University examinations only after all the dues are paid.
- (b) The tuition fees US \$ 48,000 is for the prescribed duration of BDS course i.e. 4 years of the study of dental course. If this period is prolonged beyond 4 years for reasons such as failures or drop at the examination, inadequate attendance etc., the student will have to pay additional fees of US \$ 6,000 for each extra term and will be allowed for University examinations only after all the dues are paid.
- (c) The tuition fees US \$ 24,000 is for the prescribed duration of Physiotherapy course i.e. 4 years of the study of physiotherapy course and six months of internship. If this period is prolonged beyond 4 years for reasons such as failures or drop at the examination, inadequate attendance etc., the student will have to pay additional fees of US \$ 3,000 for each extra term and will be allowed for University examinations only after all the dues are paid.
- (iv) The tuition fees should be paid through a crossed D.D. in US Dollar Only to be paid in D.D. drawn on "**AMC MEDICAL EDUCATION TRUST**" payable at Ahmedabad. **No wire transfer or electronic transfer is allowed.**
- (v) All the students who are admitted under NRI seats quota will have to submit an undertaking for the payment of fees in the format prescribed by the institute and submit it along with the application form.
- (vi) The Selected student will pay Institutional Tuition Fee as prescribed from time to time per term. The selected student will pay the total amount institutional fee (all terms) if he/she leaves course incomplete for any reason after **30-09-2015**. No fees / charges will be refunded if a student leaves the course midway for any reason whatsoever or is expelled from the college for any reason whatsoever or is prohibited by the university to pursue his studies further for any reason.
- (vii) Fees, once paid will not be refunded except.
- Candidate who was admitted provisionally is declared not eligible for admission by the University afterwards in which case 90% of the tuition fees will be refunded or
 - Student dies during the course, proportional amount of tuition fees for unutilized term will be refunded. However, no part of other charges or fees will be refunded.
6. Residence in the college hostel will be offered to the students as available. The allotment, decided on the basis of merit/requirements, will be at the discretion of the Dean/Principal. Admission to the college does not guarantee hostel admission.

7. The hostel fees will be charged at rate fixed by the Dean/Principal from time to time and will be paid by the students before the beginning of each term.
8. So long as the father of the student is alive, no other person will be ordinarily accepted as his guardian.
9. Chairman, AMC MET reserves the right to insert any new rule or to edit / modify / delete any rule to meet the exigencies of situation at any time.
10. The college follows the curriculum and study pattern prescribed by the Medical/Dental council of India and API. The college is affiliated to Gujarat University, and as per its present guidelines the academic terms are as follows:
 - (a) First Term : August to January
 - (b) Second Term : February to July.

11. Dy. Director, AMC MET may be contacted for any details or any clarification on
Tele: + 91-79-26576275
Fax : + 91-79-26578451 or E-mail: amcmet2008@gmail.com
Web: www.nhlmmc.edu.in

All communication will be through E-mail / web site only. Candidates are requested to check their mail and our web site for any updates regularly.

12. The Jurisdiction of any dispute will be at Ahmedabad.



AMC Medical Education Trust
Dr. Ramanbhai Patel Bhavan, Usmanpura, Ahmedabad.

**Paste Self Attested
Recent Passport
Size Photograph**

Application Form

**M.B.B.S. / B.D.S./ B.PT. COURSE ON
NRI SEATS Academic Year 2015 -2016**

Course Applied For (Please ✓ mark): (a) M.B.B.S. (b) B.D.S. (c) B.PT.

Category Applied for (please ✓ mark): (a) NRI/NRI Children/NRI Wards - Gujarat Domicile

(b) NRI/NRI Children/NRI Wards - Non Gujarat Domicile

(c) NRI Dependent - Gujarat Domicile

(d) NRI Dependent - Non Gujarat Domicile

IMPORTANT:

- (1) Students should carefully read the rules for admission before submitting the application form. The application must be accompanied with Rs.15,000/- Processing and scrutiny fees in Cash or Demand .Draft payable to " **AMC MEDICAL EDUCATION TRUST** " at **Ahmedabad**.
- (2) Every entry in the form must be completed in detail. Incomplete applications are liable to be rejected without any further communication.
- (3) No application for admission will be considered unless it is accompanied by self attested copies of the certificates mentioned in Rule No.5 of documents.
- (4) Students should carefully read the rules for admission before submitting the application form. **In the event of anything stated therein being found factually or incorrect, the admission will be liable to be cancelled.**

A: APPLICANT'S DETAILS

1. Full Name:

(Surname) (First Name) (Middle Name)

2. Father's /Husband/
Guardian Name :

(Surname) (First Name) (Middle Name)

3.(a) Sponsor's Name:

(Surname) (First Name) (Middle Name)

(b) Relationship:

(c) Permanent Address: _____
(Sponsor) _____

4. Present Address: _____
(Applicant) _____

5. Permanent Address: _____
(Applicant) _____

6. Telephone No & Area Code: (Mobile) : { _____ } _____
{Residence} : { _____ } _____
{Office} : { _____ } _____
{FAX} : { _____ } _____

(Mandatory for correspondence) (Local Contact Phone No.) _____
(Local Mobile No.) _____
Email Address _____

7. Sex : Male/Female

8. (a) Date of Birth : _____
(Date) (Month) (Year)

(b) Age in completed year: _____
(as on 31st December of this year)

9. Nationality : _____

10. (a) Place of Birth (a) Country : _____
(b) State : _____
(c) District : _____
(d) City/Town/Village : _____

(b) If the place of birth is outside India, give following details:

(a) Present Nationality : _____

(b) Country of your present: _____
passport

(c) Passport valid up to : _____

(d) Passport Number : _____

(e) Issued By : _____

11. Category applied

1. NRI/NRI Children / NRI Wards:
[Domicile of Gujarat / Not Domicile of Gujarat]

(Please mark with v)

2. NRI dependent []
[Domicile of Gujarat / Not Domicile of Gujarat]

12. Place of origin [of sponsor] in India

(a) Village/Town/City : _____

(b) Taluka : _____

(c) District : _____

(d) State : _____

13. Document submitted for

(a) _____

Proof of Place of Origin:

(b) _____

[Of sponsor]

14. Details of S.S.C. Examination (Std. X) or its equivalent passed by student:

(a) Name of Examination : (a) _____

(b) Name of Board : (b) _____

(c) Name of School : (c) _____

(d) Address of School : (d) _____

(e) Month & year of Passing : (e) _____

(f) Examination Seat No. : (f) _____

(g) Marks obtained : (g) _____

15. Details of H.S.C. Examination (Std.XII) or its equivalent passed by student:

- (a) Name of Examination : (a) _____
- (b) Name of Board : (b) _____
- (c) Name of School : (c) _____
- (d) Address of School : (d) _____
- (e) Month & Year of Passing : (e) _____
- (f) Examination Seat No. : (f) _____
- (g) Marks obtained : (g) _____
- (h) Number of attempts : (h) _____

16. Marks obtained at H.S.C.E. or Equivalent Examination:

* SUBJECT	THEORY MARKS	
	OBTAINED	MAXIMUM
1. Chemistry		
2. Physics		
3. Biology		
4. Total of 1 to 3		

17. No. of Days stayed in any country in last five years (NRI Student/ Parent / Sponsor)

Year	From	To	No. of Days	Country of Stay
2014-15				
2013-14				
2012-13				
2011-12				
2010-11				

I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.

I undertake to abide by the decision / order of the Dean/principal to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted, to conform to the Rules and Regulations of the Medical / Dental / Physiotherapy College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Date:

Place:

Signature of the
Father/Guardian

Signature of the
Student

CHECKLIST

Please tick (✓) appropriate box of the documents you have submitted with this application.
(Attach only the attested photocopies in the sequence given below)

- | | | |
|-----|--|--------|
| 1. | School Leaving Certificate or other document showing place of birth. | () |
| 2. | S.S.C.E. / Equivalent Examination Mark sheet. | () |
| 3. | S.S.C.E. / Equivalent Examination Attempt certificate. | () |
| 4. | H.S.C.E. / Equivalent Examination Mark sheet. | () |
| 5. | H.S.C.E. / Equivalent Examination Attempt Certificate. | () |
| 6. | Transcript from abroad student. | () |
| 7. | Equivalence Certificate from abroad student. | () |
| 8. | Passport (Color Scan Copies of all pages including blank pages) of NRI/
NRI Parents/Sponsor | () |
| 9. | Undertaking in Regards for the Fees from NRI Student/ Parent | () |
| 10. | Undertaking in Regards for the Fees from NRI Dependent Sponsor | () |
| 11. | Affidavit done by Parent & Student before Executive Magistrate for
NRI Dependent/ Sponsor category (Strictly as per format) | () |
| 12. | Domicile Certificate | () |
| 13. | Any other (Please specify the document): | |
| | (a) _____ | () |
| | (b) _____ | () |
| | (c) _____ | () |

Date:

(Signature of Candidate)

FORMAT OF UNDERTAKING FOR NRI/NRI CHILDREN/WARDS CATEGORY (MBBS)
(TO BE NOTARIZED BY NOTARY PUBLIC)

FROM:

1. PARENT/LEGAL GUARDIAN

[Name & Address]

2. STUDENT

[Name & Address]

Date:

To,

The Secretary,
AMC Medical education trust
Dr. Ramanbhai Patel Bhawan, Usmanpura,
Ahmedabad-380006

Sub: Undertaking in regard for the fees to be paid to the college

Dear Sir,

(1) I, Mr/Ms. _____ (Name of the student) residing at _____

(2) We, Mr./Ms. _____ (Name of the Parent/Guardian) residing at _____ the former having been admitted to the M.B.B.S. course

at your institute under NRI seat quota hereby agree, affirm and declare jointly and severally that the fees of US\$ 1,12,500 (US Dollars ONE LAC TWELVE THOUSAND FIVE HUNDRED) for entire M.B.B.S. course) will be paid by us to the said Institute for the entire course by installments as specified by the institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any circumstances except as provided under the rules of admission and that thereof we will not raise the issue of refunding to us the said amount at any time or under any circumstance.

We also agree and undertake to pay the fee of US \$ 12,500 (US Dollar TWELVE THOUSAND FIVE HUNDRED) for each term if the period of study is prolonged beyond the normal prescribed period of 4 ^{1/2} years of study and one year of internship due to any reason whatsoever. We also understand that if all the dues are not cleared, the student may not be sent up for the examination.

Yours faithfully,

PARENT/GUARDIAN

STUDENT

The above declarations duly notarized by me.

Mr./Ms. _____ Notary Public.

Place: _____

Date: _____

**Seal/Stamp of
Notary Public**

**Signature of the
Notary Public**

FORMAT OF UNDERTAKING LETTER FOR NRI SPONSOR [MBBS]
(TO BE NOTARIZED BY NOTARY PUBLIC)

[SPONSOR Name & Address]

Date: _____

To,
The Secretary,
AMC Medical education trust
Dr. Ramanbhai Patel Bhavan, Usmanpura,
Ahmedabad-380 0013

Sub: Undertaking by the NRI SPONSOR

Sir,
I, _____ (Sponsor) residing
at _____ (Abroad) hereby undertake the responsibility of
Mr./Ms. _____ (candidate) residing at
_____ (hereinafter called the "Student") for admission to the MBBS Course in
AMC MEDICAL EDUCATION TRUST under the NRI seat quota.

I hereby agree, affirm and declare that if the said student is granted admission, I agree and undertake to pay the fees of US\$ 1,12,500 (US Dollar ONE LAC TWELVE THOUSANDS FIVE HUNDRED) for entire M.B.B.S. course and for the purpose of due compliance by me with fees structure and other associated rules and regulations of the said institute. I also agree and undertake or pay the fees of US \$ 12,500 (US Dollar TWELVE THOUSANDS FIVE HUNDRED) for each term if the study is prolonged beyond the normal prescribed period due to any reason whatsoever.

I will also be fully responsible for the total financial support including all expenses on academic, living and traveling of the student and I will bear the same.

Date:
Place:

Yours faithfully,

Signature of the Sponsor

The above declaration is duly notarized by Mr./Ms. _____

Notary Public
[Seal/Stamp of the Notary Public]

Signature of the Notary Public

FORMAT OF UNDERTAKING FOR NRI/NRI CHILDREN/WARDS CATEGORY (BDS)
(TO BE NOTARIZED BY NOTARY PUBLIC)

FROM:

1. PARENT/LEGAL GUARDIAN

[Name & Address]

2. STUDENT

[Name & Address]

Date:

To,

The Secretary,
AMC Medical education trust,
Dr. Ramnbhai Patel Bhavan,
Usmanpura, Ahmedabad-380006.

Sub: Undertaking in regard for the fees to be paid to the college

Dear Sir,

(1) I, Mr/Ms. _____ (Name of the student) residing at _____

(2) We, Mr./Ms. _____ (Name of the Parent/Guardian) residing at _____ the former having been admitted to the B.D.S. course at your institute under NRI seat quota hereby agree, affirm and declare jointly and severally that the fees of US\$ 48,000 (US Dollars FOURTY EIGHT THOUSANDS) for entire B.D.S. course will be paid by us to the said Institute for the entire course by installments as specified by the institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any circumstances except as provided under the rules of admission and that thereof we will not raise the issue of refunding to us the said amount at any time or under any circumstance.

We also agree and undertake to pay the fee of US\$ 6,000 (US Dollar SIX THOUSANDS) for each term if the period of study is prolonged beyond the normal prescribed period of 4 years of study . We also understand that if all the dues are not cleared, the student may not be sent up for the examination.

Yours faithfully,

PARENT/GUARDIAN

STUDENT

The above declarations duly notarized by me.

Mr./Ms. _____ Notary Public.

Place: _____

Date: _____

**Seal/Stamp of
Notary Public**

**Signature of the
Notary Public**

FORMAT OF UNDERTAKING LETTER FOR NRI SPONSOR [BDS]
(TO BE NOTARIZED BY NOTARY PUBLIC)

[SPONSOR Name & Address]

Date: _____

To,
The Secretary,
AMC Medical education trust
Dr. Ramanbhai Patel Bhavan, Usmanpura,
Ahmedabad-380 0013

Sub: Undertaking by the NRI SPONSOR

Sir,
I, _____ (Sponsor) residing
at _____ (Abroad) hereby undertake the responsibility of
Mr./Ms. _____ (candidate) residing at
_____ (hereinafter called the "Student") for admission to the BDS Course in
AMC MEDICAL EDUCATION TRUST under the NRI seat quota.

I hereby agree, affirm and declare that if the said student is granted admission, I agree and undertake to pay the fees of US\$ 48,000 (US Dollar FORTY EIGHT THOUSANDS) for entire B.D.S. course and for the purpose of due compliance by me with fees structure and other associated rules and regulations of the said institute. I also agree and undertake or pay the fees of US \$ 6000 (US Dollar SIX THOUSANDS) for each term if the study is prolonged beyond the normal prescribed period of 4 years due to any reason whatsoever.

I will also be fully responsible for the total financial support including all expenses on academic, living and traveling of the student and I will bear the same.

Date:
Place:

Yours faithfully,

Signature of the Sponsor

The above declaration is duly notarized by Mr./Ms. _____

Notary Public
[Stamp of the Notary Public]

Signature of the Notary Public

FORMAT OF UNDERTAKING FOR NRI/NRI CHILDREN/WARDS CATEGORY (BPT)
(TO BE NOTARIZED BY NOTARY PUBLIC)

FROM:

1. PARENT/LEGAL GUARDIAN

[Name & Address]

2. STUDENT

[Name & Address]

Date:

To,

The Secretary,
AMC Medical education trust
Ellisbridge, Ahmedabad-380006.

Sub: Undertaking in regard for the fees to be paid to the college

Dear Sir,

(1) I, Mr./Ms. _____ (Name of the student) residing at _____

(2) We, Mr./Ms. _____ (Name of the Parent/Guardian) residing at _____

the former having been admitted to the I year B.PHYSIOTHERAPY course at your institute under NRI seat quota hereby agree, affirm and declare jointly and severally that the fees of US \$ 24,000(US Dollars TWENTY FOUR THOUSANDS) for B.PHYSIOTHERAPY course will be paid by us to the said Institute for the entire course by installments as specified by the institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any circumstances except as provided under the rules of admission and that thereof we will not raise the issue of refunding to us the said amount at any time or under any circumstance.

We also agree and undertake to pay the fee of US \$ 3,000 (US Dollar THREE THOUSANDS) for each term if the period of study is prolonged beyond the normal prescribed period of 4 years of study and six months of internship due to any reason whatsoever. We also understand that if all the dues are not cleared, the student may not be sent up for the examination.

Yours faithfully,

PARENT/GUARDIAN

STUDENT

The above declarations duly notarized by me.

Mr./Ms. _____ Notary Public.

Place: _____

Date: _____

**Seal/Stamp of
Notary Public**

**Signature of the
Notary Public**

FORMAT OF UNDERTAKING LETTER FOR NRI SPONSOR [BPT]
(TO BE NOTARIZED BY NOTARY PUBLIC)

[SPONSOR Name & Address]

Date: _____

To,
The Secretary,
AMC Medical education trust
Dr. Ramanbhai Patel Bhavan, Usmanpura,
Ahmedabad-380 0013

Sub: Undertaking by the NRI SPONSOR

Sir,
I, _____ (Sponsor) residing
at _____ (Abroad) hereby undertake the responsibility of
Mr./Ms. _____ (candidate) residing at
_____ (hereinafter called the "Student") for admission to the first year
B.Physio. Course in AMC MEDICAL EDUCATION TRUST under the NRI seat quota.

I hereby agree, affirm and declare that if the said student is granted admission, I agree and undertake to pay the fees of US\$ 24,000 (US Dollar TWENTY FOUR THOUSANDS) for entire B. Physiotherapy course and for the purpose of due compliance by me with fees structure and other associated rules and regulations of the said institute. I also agree and undertake or pay the fees of US \$ 3,000 (US Dollar THREE THOUSANDS) for each term if the study is prolonged beyond the normal prescribed period due to any reason whatsoever.

I will also be fully responsible for the total financial support including all expenses on academic, living and traveling of the student and I will bear the same.

Date:
Place:

Yours faithfully,

Signature of the Sponsor

The above declaration is duly notarized by Mr./Ms. _____

Notary Public
[Stamp of the Notary Public]

Signature of the Notary Public

AFFIXED REQUIRED STAMP

FORMAT FOR AFFIDAVIT

(For NRI DEPENDENT CATEGORY ONLY)

DO NOT CHANGE Format Otherwise it will be treated as Canceled

We, undersigned[Names of the parents] residing at [address]..... are parents of student[name].....who has applied for under graduation admission in NRI dependent category.

We hereby declare that the sponsor[name]..... is our[relation]..... and residing at [address]and we know him for past years. We hereby declare that we do not have economic means to provide for necessary fees and other expenditure for the under graduate course in question of our son/daughter. We also declare that the above said sponsor [name]..... had helped my son/daughter [name].....for his/her education and other related requirements in the past which is reflected by transfer of money from sponsor's account no. bank branch..... to our bank account no. bank.....Branch..... .

Student's signature with date

Mother's signature with date

Father's signature with date

**Attested before Executive Magistrate
(Notarized Affidavit will not be considered)**