

**DECLARATION**

(This declaration is to be given by a student / ward as well as his /her Guardian who is seeking admission under NRI category(Management quota- Subcategory 2) being ward of NRI )

I, Mr..... NEET-2017 (PG)/(MDS) Testing ID No. -----  
----- RankNEET-2017 (PG)/(MDS) -----ward of .....seeking admission into Postgraduate course in ManagementQuota Subcategory 2(NRI quota seats) for the academic year 2017-2018 into MemberMedical College of Andhra Pradesh Private Non-Minority Medical & Dental Colleges Managements Association do hereby declare and state as under:

I declare that I am a ward of /under guardianship of Mr/Ms.....S/o.....  
R/o.....  
(here incorporate the complete address of NRI of whom the candidate/ declarant is a ward).

I declare that the said NRI is paying my fee for my Postgraduate course and I further declare that the above facts stated are true and correct and I am liable for any action in the event of concealment of facts. Hence this declaration.

(Signature of the Candidate)

I, .....S/o .....here declare and confirm that the above declarant viz., Mr.....is my ward and is under my guardianship and I hereby irrevocably agree and undertake to provide finance support to him/her by payment of entire fees and other expenses for pursuing postgraduate course in the MemberMedical College of Andhra Pradesh Private Non-Minority Medical & Dental Colleges Managements Association.

Date:

(Name and Signature of the Guardian / NRI)