

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, Dr. NEET-2018 (PG)/(MDS) Roll No. ----- Rank NEET-2018 (PG)/(MDS) -----ward/S/o or D/o ofseeking admission into Postgraduate course in Management Quota Subcategory 2 (NRI quota seats) for the academic year 2018-2019in any Unaided Private Non-Minority Medical & Dental Colleges affiliated to Dr.NTR UHS in the State of Andhra Pradesh.

I declare that I am a ward S/o or D/o 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 (or) D/ohere declare and confirm that the above declarant viz., Dr.....is my ward and is under my guardianship and I hereby irrevocably agree and undertake to provide financial support to him/her for payment of entire fees and other expenses for pursuing postgraduate course for the academic year 2018-2019 in any Unaided Private Non-Minority Medical & Dental Colleges affiliated to Dr.NTR UHS in the State of Andhra Pradesh.

Date:

(Name and Signature of the Guardian)