

# ANNEXURE - II

## DECLARATION

(This declaration is to be given by a student / ward as well as his /her Guardian for admission under NRI Category -C (S2)

I, Dr. \_\_\_\_\_ NEET-2021 (PG)/(MDS)

HT. No. \_\_\_\_\_ and Rank NEET-2021 (PG)/(MDS) \_\_\_\_\_ ward/S/o or

D/o of \_\_\_\_\_ for admission into Post Graduate course in

Category-C- S2 (NRI Quota) for the academic year 2021-22 in a Unaided Private Non-Minority/Minority

Medical & Dental Colleges affiliated to Dr.NTR UHS in the State of Andhra Pradesh do hereby declare

and state as under:

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/o \_\_\_\_\_

\_\_\_\_\_ here 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 Post Graduate course for the academic year 2021-22 in any

Unaided Private Non-Minority/Minority Medical & Dental Colleges affiliated to Dr.NTR UHS in the State

of Andhra Pradesh.

Date:

(Name and Signature of the Guardian)