



SRI KRISHNADEVARAYA EDUCATIONAL TRUST

No.16 Bellari Road, Sadashiva Nagar, Bangalore

PH: 23601340, 23601370, 23606999

KRISHNADEVARAYA COLLEGE OF DENTAL SCIENCES & HOSPITAL

(Affiliated to Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka,
Recognised by Dental Council of India, New Delhi)

Krishnadevarayanagar, Hunsemaranahalli, International Airport Road, Bangalore - 562157, Karnataka
India

Ph: 080-28467083, 28477083, Fax: 080-28467084 Email: kris_dent_college@yahoo.co.in
Web: www.kcdsh.org

ON Rs 20/- NON JUDICIAL STAMP PAPER

UNDERTAKING BY THE STUDENT

I _____ S/o or D/o _____

aged _____ Permanent Resident of _____

Presently Resident of _____

_____ Do hereby solemnly affirm
and declare as under:

1. That I have student of Krishnadevaraya College of Dental Sciences, I have obtained GOVT/PRIVATE/NRI/MGMT seat at Dental/Medical College for the academic year _____ on _____ on the basis of NEET rank.

2. I undertake that in any event if I discontinue the course after the last date of admission, I shall pay the entire course fee to the institution and further the institution is also entitled to retain my original documents until payment of entire course fee.

3. I also undertake to furnish bank guarantee within a period of _____ days for the entire course and for any reason if I discontinue the course after the last date of admission, the Institution is entitled to encash the same.

4. That I am taken admission at Krishnadevaraya College of Dental Sciences and Hospital, Bangalore for I BDS for the academic year _____ at my own risk despite the fact I have been clearly informed by the management and the Principal of the Institution that my admission to BDS degree course is subject to approval by Rajiv Gandhi University of Health Sciences & Dental Council of India. In case my admission is not approved either by any of the competent authority, I will not hold management or the Principal responsible and will not claim any compensation for the loss incurred by me in this behalf.

5. I assure you that I will not indulge in any ragging activity and if I found indulging ragging during the tenure of my course, the disciplinary action may be initiated to the extent of debar from the college without any notice.

6. And I am aware of the DCI notification **“That I have to clear the BDS Course in all the subjects within a period of 9 years, including one year compulsory paid internship from the date of admission shall be discharged from the course”**.

7. I have executed this affidavit in sound mind, out of free will without any force or coercion to either sign or execute this affidavit.

VERIFICATION

This is to verify that the contents of this affidavit executed by me are true to the best of my knowledge information and belief.

Verified aton this day of 2019.

Identified by me

Advocate

DEPONENT

No. of corrections



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ON Rs 50/- NON JUDICIAL STAMP PAPER

UNDERTAKING BY THE STUDENT

I.....S/o, D/o.....
aged.....residing.....

.....do hereby undertake
that I am taking provisional admission at Krishnadevaraya College of Dental Sciences and
Hospital, Bangalore for I MDS for the academic year 20__ to 20__ at my own risk despite the
fact I have clearly informed by the management and the Principal of the Institution that my
admission to MDS I is subject to approval by Rajiv Gandhi University of Health Sciences, DCI &
CET/NEET. In case my admission is not approved either by any of the competent authority , I
will not hold management or the Principal responsible and will not claim any compensation for
the loss incurred by me in this behalf.

Also, I hereby assure you that , I will pay the full course fee in case I am leaving the course in
the middle of the course before completion.

Further, I assure you that I will not indulge in any ragging activity and if I found indulging
ragging during the tenure of my course, the disciplinary action may be initiated to the extent of
debar from the college without any notice.

Witness & Surety (Signature name & address)

1.

2.

Student Name & Signature

Undertaking by the Parents/Guardians

I.....F/o, M/o.....fully endorse and concur with the above undertaking signed by my ward, Mr.....and abide by the decision taken by the university/DCI or CET/NEET or any other competent authority (Supreme Court or Govt. of Karnataka) in this behalf I will not claim any compensation either from the Management or from the Principal of the Institution and will forego the seat of my ward in case of seat is not approved by the competent authority for any reason.

I assure you that my ward.....will not involve in any ragging activity if found my ward.....may be debarred from your institution without any notice.

Signature of Parent/Guardian