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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)

l, Mr.					NE	ET-MDS Ro	oll No		
Rank	NEET-MDS-202	23	v	vard of				seeking a	dmission into
-	raduate course Private Dental							r the academic	year 2023-2023
l of M								• 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	guardianship
	R/o(here inc rd).								
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 t	he Candidate)
l,					S/	o			here
decla	are a	nd	confir	m	that		the	above	declarant
viz.,	Mr				i	s my wa	rd and is	under my	guardianship
and	I hereby irr	evocably	agree	and unde	rtake	to prov	ide finan	ce support	to him/her by
payn	nent of entir	re fees an	d othe	r expense	s for	pursuing	postgrad	duate course	in the Member
Priva	te Dental Colle	ges Manage	ments A	ssociation.					
Date	(Name and Signature of the Guardian / NRI)								