

**MBBS ADMISSION - Students admitted under
State Merit / Management Merit / NRI Merit (MBBS Admission 2024-25)**

UNDERTAKING

I..... (Name of the student), KEAM Roll No. _____
do here by submit before the Principal, Pushpagiri Institute of Medical Sciences &
Research Centre, Tiruvalla that;

I have been allotted to Pushpagiri Medical College, Tiruvalla through the centralised
allotment process conducted by the Commissioner of Entrance Examination, Kerala to
join the MBBS Course in the year 2024-25

I am fully aware of the fact that the fee that I am remitting while taking admission during
the current year 2024-25 is the fee fixed for the academic year 2023-24 and also that it
may vary subject to final decisions of the Fee Regulatory Committee/Appropriate
authority. I have also read and understood the notification issued by the Commissioner
of Entrance Examinations, Government of Kerala - File No. CEE/210/2024-TA4 dated
20.08.2024 (Page 6 Note No. 3).

I do hereby undertake to pay the difference of fee if any, over and above the fee fixed for
the last academic year within one month from the date of notification of the final fee for
the academic year 2024-25 by the authorities.

I am fully aware that in case of failure on my part to fulfill this conditions, my admission
shall automatically stands cancelled.

Name, Address and Signature of the candidate:

Signature: _____

Name, Address and Signature of the Parent / Surety:

Signature: _____

Date:

Place: