AMC MEDICAL EDUCATION TRUST
Dr. Ramanbhai Patel Bhavan, Usmanpura, Ahmedabad-380 006

Address for Communication:-
Smt. NHL Municipal Medical College
V.S. Hospital Campus, Ellisbridge
Ahmedabad

APPLICATION FORM with
RULES & REGULATIONS (NRI Quota Seats)
2014 – 15

M.B.B.S. /B.D.S. /B.PT. Courses

LAST DATE FOR RECEIVING APPLICATION
30 - 06 - 2014

NAME
(Surname first)

FOR OFFICE USE ONLY

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<th>REGD.NO.</th>
<th>CATEGORY</th>
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2014-15

R E C E I P T

Surname          Name          Father’s Name

Received from Mr./Miss ______________________________________________________________
(For candidate to write)
an application form for admission to M.B.B.S./B.D.S./B.PHYSIOTHERAPY Course on NRI seats along with
processing and scrutiny fees of Rs.15,000/- by Cash /D.D.No.______________________in favour of
"AMC MEDICAL EDUCATION TRUST" Payable at Ahmedabad drawn on Bank & Branch __________
Dt. __________

For Office Use Only

Regd.No. _________________________
Dated. _________________________
Category _________________________

Receiver’s Signature

AMC MEDICAL EDUCATION TRUST
Ahmedabad-380 006.

Tel. No. Office : + 91 79 26576275
Fax : + 91 79 26578451
E-mail Id: amcmet@egovamc.com
Website : www.amcmet.com,www.nhlmmc.edu.in
IMPORTANT INSTRUCTIONS

(1) Any Change in any of the documents or in the examination marks after submission of the application should be promptly reported to the college office with attested copy of the same. The candidate will be responsible for consequences if he/she fails to do so.

(2) Admission to this college will be finalized on the basis of merit lists as prescribed under the rules. Time table and venue for the personal interview will be intimated later. The students are advised to carefully note down the time and venue of their personal interview. The college will not be responsible if students loses his admission by remaining absent at the interview.

(3) Students should carefully read the rules for admission before submitting the application form. In the event of anything stated therein being found factually or incorrect, the admission will be liable to be cancelled.

(4) A candidate seeking admission to the M.B.B.S. / B.D.S. / B.PT. Courses on NRI seats must submit his/her application in writing in the prescribed form. The form may be downloaded from www.egovamc.com/www.amcmet.com/www.nhlmmc.edu.in and submit to Dy. Director, AMC Medical Education Trust, Smt.N.H.L. Municipal Medical College, Ellisbridge, Ahmedabad with processing and scrutiny fees of Rs.15,000 in Cash/Demand Draft. The form, duly filled and signed with DD to be submitted Personally or through Registered Post so as to reach the office of AMC MET on or before the prescribed last date which will be notified in the local newspaper and/or on the college notice board. No application will be accepted or considered for admission which is received after the prescribed last date irrespective of any reason whatsoever, including delay in postal transit, or non-receipt or late receipt of the application. Incomplete application will be rejected. The payment shall be made by DD in favor of "AMC MEDICAL EDUCATION TRUST" payable at Ahmedabad.

(5) No application for admission will be considered unless it is accompanied by attested copies of the certificates.

(6) Students Joining Medical/Dental/Physiotherapy College will be awarded degree from Gujarat University to which the colleges are affiliated.

(7) All further communication will be by email only.
RULES & REGULATIONS


Please also refer :
(i) Supreme Court Judgment in Appeal (Civil) 5041/ 2005 dt.12.8.2005 and others
(ii) High Court of Gujarat Order in SPA No.7445/2011 dt.5.7.2011
(iii) High Court of Gujarat Order in SPA No.9003/2013 dt. 22.7.2013
(iv) High Court of Gujarat Order in SPA No.9007/2013 dt. 22.7.2013
(v) High Court of Gujarat Order in SPA No.9008/2013 dt. 22.7.2013

Foreign Citizen of Indian Origin(NRI) staying in India will be eligible for NRI seat.

2. “NRI DEPENDENT” : "FOR NRI" – As above plus please refer High Court of Gujarat Order dt.27.09.2010 in SP.C.A No.9079/2010.

The student seeking admission under NRI Dependent category should submit the affidavits duly affirmed before the Executive Magistrate, by their parents, categorically stating as to how they do not have economic means to provide for necessary fees and other expenditure for the course in question. The aforesaid affidavit should also indicate as to in what manner a student claims to be a dependent of NRI and also indicate the materials suggesting that in past also for his/her education and other related requirements, he/she was dependent on such sponsor.


   (a) (i) A candidate shall be Non-Resident Indian, or
       (ii) his/her parents or in absence of his/her parents, his/her legal guardian shall be
       Non Resident Indian, or
       (iii) he/she shall be dependent of Non Resident Indian for the educational purposes and
       shall have necessary proof/evidence in support of his dependent

   (b) The candidate should have secured minimum 50 % marks in subject of Physics, Chemistry and Biology in respective exam of board as per norms of MCI/ DCI.

   (c) Bonafide NRI students shall be required to produce equivalence certificate, from the Association of Indian Universities, New Delhi of his/her passing the qualifying examination of the country to which such examination relates.

   (d) “ Provisional Eligibility Certificate” should be obtained from Gujarat University within One month of the admission.

   (e) “Migration Certificate” should be obtained by the student who have passed from other than G.H.S.E.B. within one month of admission.

   (f) The candidate who is dependent of Non Resident Indian shall have to produce necessary proof in support thereof to the satisfaction of the concerned College or Institution. ‘Dependent of Non-Resident Indian’, it would not be enough that a candidate produces willingness of the sponsor to pay his/her fees for the course in question. It would be necessary for the candidate to show in what manner he/she of she claims to be a dependent of the NRI. A candidate would have to produce before the authority
materials suggesting that in the past also for his/her education and other related requirements, he/she was dependent on such sponsor and that the parents do not have economic means to provide for necessary fees and other expenditure for the course in question. Please refer High Court of Gujarat Order dt.27.09.2010 in Special Civil Application No.9079/2010.


Admission on the non-resident Indian seats shall be given by the management on the basis of inter-se merit list of the candidates, who have applied for admission against the Non-Resident Indian seats in the following manner namely:

(i) The candidate who is Non-Resident Indians as also the candidate whose parents and in the absence of his/her parents, his/her legal guardian who is Non-Resident Indian, shall be offered the Non-Resident Indian seats in the first instance, and thereafter, if the Non-Resident Indian Seats remains vacant, shall be offered to the candidate who is dependent of the Non-Resident Indian.

(ii) The merit order will be first decided on the basis of aggregate marks in external examination in theory of the science subjects i.e. Physics, Chemistry & Biology at HSCE or its equivalent examination

(iii) The criteria for deciding merit order in case of students having equal merit marks shall be in the following sequence, namely:-

(a) The candidate who has obtained higher marks in the theory subject of Biology in qualifying examination.

(b) Higher Marks obtained in English subject in qualifying examination

(c) Higher Marks obtained in Secondary School Certificate Examination (Standard 10), and

(d) Date of Birth (Candidate who is older in age shall be given priority).

2. **DOCUMENTS**: Application will be considered only if it is accompanied by copies of the following certificates, duly attested by a Gazette Officer or by a Principal of School/College.

(a) School Leaving Certificate or any other authorized document clearly showing date of birth.

(b) SSCE (or its equivalent examination) mark sheet, passing certificate and attempt certificate.

(c) HSCE (or its equivalent examination) mark sheet, passing certificate and attempt certificate.

(d) Equivalence Certificate of HSCE examination in case of students from foreign country.

(e) Undertaking in Regards of Fees from NRI Student / Parent for NRI/ NRI Children/NRI Ward Category.

(f) Undertaking Letter from Sponsor for NRI Dependent Category.

(g) Affidavit before Executive Magistrate by parents for NRI dependent.

(h) Passport (Color Scan Copies of All pages of passport including blank pages) of NRI/ NRI Children/Ward Category /NRI Sponsor.

(i) Transcript in case of student from foreign country.
3. The applicant shall have to produce the original certificates at the time of admission. If during scrutiny or any time there after any discrepancy or incorrectness is noticed, the admission is liable to be cancelled forthwith. The candidate could be expelled and criminal action will be initiated against him.

4. An applicant who has passed the qualifying examination from other State/National boards will be admitted provisionally till he/she produces certificates or provisional eligibility from Gujarat University within one month of joining course. Their admission will be confirmed only after final eligibility certificate from the University is produced.

5. (i) The tuition fees payable will be as follows:-

   (a) **FOR M.B.B.S Course** - The fees are to be paid in five installments as follows:-
       - First Installment: At the time of admission (US$ 22000)
       - Second Installment: Beginning of 3rd Term (US$ 22000)
       - Third Installment: Beginning of 5th Term (US$ 22000)
       - Fourth Installment: Beginning of 7th Term (US$ 22000)
       - Fifth Installment: Beginning of 9th Term (US$ 11000)

   (b) **FOR B.D.S Course** - The fees are to be paid in five installments as follows:-
       - First Installment: At the time of admission (US$ 10000)
       - Second Installment: Beginning of 3rd Term (US$ 10000)
       - Third Installment: Beginning of 5th Term (US$ 10000)
       - Fourth Installment: Beginning of 7th Term (US$ 10000)

   (c) **FOR B.P.T. Course** - The fees are to be paid in four installments as follows:-
       - First Installment: At the time of admission (US $ 5000)
       - Second Installment: Beginning of 3rd Term (US $ 5000)
       - Third Installment: Beginning of 5th Term (US $ 5000)
       - Fourth Installment: Beginning of 7th Term (US $ 5000)

   (ii) In addition, the student will pay enrollment fees to the University at the time of admission as prescribed by the University.

   (iii) (a) The tuition fees U.S. $ 99000 is for the prescribed duration of MBBS course i.e. 4 ½ years of the study of medical course and one year of internship. If this period is prolonged beyond 4 ½ years for reasons such as failures or drop at the examination, inadequate attendance etc., the student will have to pay additional fees of US $ 11000 for each extra term and will be allowed up for University examinations only after all the dues are paid.

   (b) The tuition fees US $ 40,000 is for the prescribed duration of BDS course i.e. 4 years of the study of dental course. If this period is prolonged beyond 4 years for reasons such as failures or drop at the examination, inadequate attendance etc., the student will have to pay additional fees of US $ 5,000 for each extra term and will be allowed for University examinations only after all the dues are paid.

   (c) The tuition fees US $ 20,000 is for the prescribed duration of Physiotherapy course i.e. 4
years of the study of physiotherapy course and six months of internship. If this period is prolonged beyond 4 years for reasons such as failures or drop at the examination, inadequate attendance etc., the student will have to pay additional fees of US $ 2,500 for each extra term and will be allowed for University examinations only after all the dues are paid.

(iv) The tuition fees should be paid through a crossed D.D. in US Dollar Only to be paid in D.D. drawn on "AMC MEDICAL EDUCATION TRUST" payable at Ahmedabad. **No wire transfer or electronic transfer is allowed.**

(v) All the students who are admitted under NRI seats quota will have to submit an undertaking for the payment of fees in the format prescribed by the institute and submit it along with the application form.

(vi) The Selected student will pay Institutional Tuition Fee as prescribed from time to time per term. The selected student will pay the total amount institutional fee (all terms) if he/she leaves course incomplete for any reason after **30-09-2014.** No fees / charges will be refunded if a student leaves the course midway for any reason whatsoever or is expelled from the college for any reason whatsoever or is prohibited by the university to pursue his studies further for any reason.

(vii) Fees, once paid will not be refunded except.
   a. Candidate who was admitted provisionally is declared not eligible for admission by the University afterwards in which case 90% of the tuition fees will be refunded or
   b. Student dies during the course, proportional amount of tuition fees for unutilized term will be refunded. However, no part of other charges or fees will be refunded.

6. Residence in the college hostel will be offered to the students as available. The allotment, decided on the basis of merit/requirements, will be at the discretion of the Dean/Principal. Admission to the college does not guarantee hostel admission.

7. The hostel fees will be charged at rate fixed by the Dean/Principal from time to time and will be paid by the students before the beginning of each term.

8. So long as the father of the student is alive, no other person will be ordinarily accepted as his guardian.

9. Chairman, AMC MET reserves the right to insert any new rule or to edit / modify / delete any rule to meet the exigencies of situation at any time.

13. The college follows the curriculum and study pattern prescribed by the Medical/Dental council of India and API. The college is affiliated to Gujarat University, and as per its present guidelines the academic terms are as follows:
   (a) First Term : August to January
   (b) Second Term : February to July.
14. Dy. Director / Asst. Director, AMC MET may be contacted for any details or any clarification on
Tele: +91-79-26576275
Fax : + 91-79-26578451 or E-mail: amcmet@egovamc.com
Web: www.amcmet.com, www.nhlmmc.edu.in

All communication will be through E mail / web site only. Candidates are requested to check
their mail and our web site for any updation(s)

15. The Jurisdiction of any dispute will be at Ahmedabad.
Application Form
M.B.B.S. / B.D.S./ B.PT. COURSE ON
NRI SEATS Academic Year 2014 -2015

IMPORTANT:

(1) Students should carefully read the rules for admission before submitting the application form. The application must be accompanied with Rs.15,000/- Processing and scrutiny fees in Cash or Demand Draft payable to "AMC MEDICAL EDUCATION TRUST" at Ahmedabad.

(2) Every entry in the form must be completed in detail. Incomplete applications are liable to be rejected without any further communication.

(3) No application for admission will be considered unless it is accompanied by attested copies of the certificates mentioned in Rule No.5 of documents.

(4) Students should carefully read the rules for admission before submitting the application form. In the event of anything stated therein being found factually or incorrect, the admission will be liable to be cancelled.

A: APPLICANT'S DETAILS

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<tr>
<th>1. Full Name:</th>
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<td>(Middle Name)</td>
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<td>(First Name)</td>
<td>(Middle Name)</td>
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<td>(c ) Permanent Address:</td>
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CourseApplied For (Please ✔ mark): (a) M.B.B.S. ☐ (b) B.D.S. ☐ (c) B.PT. ☐

Category Applied for (please ✔ mark): (a) NRI/NRI Children/NRI Wards ☐ (b) NRI Dependent ☐
4. Present Address: ____________________________________________
   (Applicant) ______________________________________________
   _______________________________________________________

5. Permanent Address: __________________________________________
   (Applicant) ______________________________________________
   _______________________________________________________

6. Telephone No & Area Code: (Mobile) : {_______} _______________
   (Residence) : {_______} ________________
   (Office) : {_______} ________________
   {FAX} : {_______} ________________

   (Mandatory for correspondence) (Local Contact Phone No.) ___________
   (Local Mobile No.) _____________________________
   Email Address _______________________________________

7. Sex : Male/Female

8. (a) Date of Birth : ____________ ____________ _____________
   (Date) (Month) (Year)
   (b) Age in completed year: ____________________________
      (as on 31st December of this year)

9. Nationality : _______________________

10. (a) Place of Birth (a) Country : _______________________
    (b) State : _______________________
    (c) District : _______________________
    (d) City/Town/Village : _______________________

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(b) If the place of birth is outside India, give following details:
   (a) Present Nationality : ________________
   (b) Country of your present: ________________
       passport
   (c) Passport valid up to : ________________
   (d) Passport Number : ________________
   (e) Issued By : ________________

11. Category applied
    1. NRI/NRI Children / NRI Wards [ ]
    (Please mark with √)
    2. NRI dependent [ ]

12. Place of origin [of sponsor] in India
   (a) Village/Town/City : ________________
   (b) Taluka : ________________
   (c) District : ________________
   (d) State : ________________

13. Document submitted for
    Proof of Place of Origin:
    (a) ________________________________
    (b) ________________________________
    [Of sponsor]

14. Details of S.S.C. Examination (Std. X) or its equivalent passed by student:
    (a) Name of Examination : (a) ________________________________
    (b) Name of Board : (b) ________________________________
    (c) Name of School : (c) ________________________________
    (d) Address of School : (d) ________________________________
    (e) Month & year of Passing : (e) ________________________________
    (f) Examination Seat No. : (f) ________________________________
    (g) Marks obtained : (g) ________________________________
15. Details of H.S.C. Examination (Std.XII) or its equivalent passed by student:
   (a) Name of Examination  : (a) ______________________________
   (b) Name of Board  : (b) __________________________ __________
   (c) Name of School  : (c) _________________________ ___________
   (d) Address of School  : (d) _______________________ ____________
   (e) Month & Year of Passing  : (e) ___________________________
   (f) Examination Seat No.  : (f) _____________________________
   (g) Marks obtained  : (g) ________________________________
   (h) Number of attempts  : (h) ______________________________

16. Marks obtained at H.S.C.E. or Equivalent Examination:

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<td>3. Biology</td>
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17. No. of Days stayed in any country in last five years (NRI Student/ Parent / Sponsor)

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I solemnly declare that I have personally checked and verified all the information filled in this form and that they are correct and that no relevant information of fact is suppressed or omitted.

I undertake to abide by the decision / order of the Dean/principal to cancel my admission and/or to expel me from the college and/or to prosecute me in case any incorrect information or discrepancy is found in this form either at the time of admission or at any time during the course of my study.

I hereby agree, if admitted, to conform to the Rules and Regulations of the Medical / Dental / Physiotherapy College in force and that may hereafter be made for the governance of the college and undertake that so long as I am a student of the college I will do nothing either inside or outside the college that will interfere with its orderly governance, discipline and good name.

Date: ____________________________________________________________

Place: ____________________________  ____________________________

Signature of the Father/Guardian  Signature of the Student
CHECKLIST

Please tick (✓) appropriate box of the documents you have submitted with this application.
(Attach only the attested photocopies in the sequence given below)

1. School Leaving Certificate or other document showing place of birth. (   )
2. S.S.C.E. / Equivalent Examination Mark sheet. (   )
3. S.S.C.E. / Equivalent Examination Attempt certificate. (   )
4. H.S.C.E. / Equivalent Examination Mark sheet. (   )
5. H.S.C.E. / Equivalent Examination Attempt Certificate. (   )
6. Transcript from abroad student. (   )
7. Equivalence Certificate from abroad student. (   )
8. Passport (Color Scan Copies of all pages including blank pages) of NRI/ NRI Parents/Sponsor (   )
9. Undertaking in Regards for the Fees from NRI Student/ Parent (   )
10. Undertaking in Regards for the Fees from NRI Dependent Sponsorer (   )
11. Affidavit done by Parent & Student before Executive Magistrate for NRI Dependent/ Sponsor category (Strictly as per format) (   )
12. Self-addressed Envelope (   )
13. Any other (Please specify the document):
   (a) __________________________________________________________ (   )
   (b) __________________________________________________________ (   )
   (c) __________________________________________________________ (   )

Date: ________________________

(Signature of Candidate)
FORMAT OF UNDERTAKING FOR NRI/NRI CHILDREN/WARDS CATEGORY (MBBS)  
(TO BE NOTARIZED BY NOTARY PUBLIC)

FROM:
1. PARENT/LEGAL GUARDIAN  
   [Name & Address]
2. STUDENT  
   [Name & Address]

Date:

To,
The Secretary,  
AMC Medical education trust  
Dr. Ramanbhai Patel Bhawan, Usmanpura,  
Ahmedabad-380006

Sub: Undertaking in regard for the fees to be paid to the college

Dear Sir,

(1) I, Mr/Ms._______________________________________________________ (Name of the student) residing at__________________________________________________________________________________________

(2) We, Mr./Ms._____________________________________________ (Name of the Parent/Guardian) residing at ___________________________________________ the former having been admitted to the M.B.B.S. course at your institute under NRI seat quota hereby agree, affirm and declare jointly and severally that the fees of US$ 99,000 (US Dollars NINTY NINE THOUSAND) for entire M.B.B.S. course) will be paid by us to the said Institute for the entire course by installments as specified by the institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any circumstances except as provided under the rules of admission and that thereof we will not raise the issue of refunding to us the said amount at any time or under any circumstance.

We also agree and undertake to pay the fee of US $ 11,000 (US Dollar ELEVEN THOUSAND) for each term if the period of study is prolonged beyond the normal prescribed period of 4 1/2 years of study and one year of internship due to any reason whatsoever. We also understand that if all the dues are not cleared, the student may not be sent up for the examination.

Yours faithfully,

_____________________________    __________________ ______________
PARENT/GUARDIAN       STUDENT

The above declarations duly notarized by me.
Mr./Ms. ________________________________________________________________________Notary Public.

Place:__________________
Date: __________________  Seal/Stamp of                 Signature of the  
Notary Public     Notary Public
FORMAT OF UNDERTAKING LETTER FOR NRI SPONSOR [MBBS]
(TO BE NOTARIZED BY NOTARY PUBLIC)

[SPONSOR Name & Address]

Date: _______________

To,
The Secretary,
AMC Medical education trust
Dr. Ramanbhai Patel Bhavan, Usmanpura,
Ahmedabad-380 0013

Sub: Undertaking by the NRI SPONSOR

Sir,

I, ________________________________________________ ____________ (Sponsor) residing
at___________________________________ (Abroad) hereby undertake the responsibility of
Mr./Ms.___________________________________________________________ (candidate) residing at
__________________________________(hereinafter called the "Student") for admission to the MBBS Course in
AMC MEDICAL EDUCATION TRUST under the NRI seat quota.

I hereby agree, affirm and declare that if the said student is granted admission, I agree and undertake to
pay the fees of US$ 99,000 (US Dollar NINETY NINE THOUSANDS ONLY) for entire M.B.B.S. course and for the
purpose of due compliance by me with fees structure and other associated rules and regulations of the said
institute. I also agree and undertake or pay the fees of US $ 11000 (US Dollar ELEVEN THOUSANDS ONLY) for
each term if the study is prolonged beyond the normal prescribed period due to any reason whatsoever.

I will also be fully responsible for the total financial support including all expenses on academic, living
and traveling of the student and I will bear the same.

Date:                         Yours faithfully,
Place:

Signature of the Sponsor

The above declaration is duly notarized by Mr./Ms.__________________________________________________

Notary Public [Seal/Stamp of the Notary Public]

Signature of the Notary Public

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FORMAT OF UNDERTAKING FOR NRI/NRI CHILDREN/WARDS CATEGORY (BDS)

(TO BE NOTARIZED BY NOTARY PUBLIC)

FROM:
1. PARENT/LEGAL GUARDIAN
   [Name & Address]
2. STUDENT
   [Name & Address]

Date:

To,
The Secretary,
AMC Medical education trust,
Dr. Ramnbhai Patel Bhavan,
Usmanpura, Ahmedabad-380006.

Sub: Undertaking in regard for the fees to be paid to the college

Dear Sir,

(1) I, Mr/Ms._______________________________________________________(Name of the student) residing
at________________________________________________________________________________________

(2) We, Mr./Ms.______________________________________________(Name of the Parent/Guardian) residing
at  ___________________________________________the former having been admitted to the B.D.S. course at
your institute under NRI seat quota hereby agree, affirm and declare jointly and severally that the fees of
US$ 40000 (US Dollars FOURTY THOUSANDS for entire B. D.S. course ) will be paid by us to the said Institute
for the entire course by installments as specified by the institute and the said fee shall be neither negotiable nor
refundable in full or part thereof under any circumstances except as provided under the rules of admission
and that thereof we will not raise the issue of refunding to us the said amount at any time or under any
circumstance.

We also agree and undertake to pay the fee of US$ 5000 (US Dollar FIVE THOUSANDS) for each term if
the period of study is prolonged beyond the normal prescribed period of 4 years of study . We also understand
that if all the dues are not cleared, the student may not be sent up for the examination.

Yours faithfully,

_____________________________  ____________________ ____________
PARENT/GUARDIAN      STUDENT

The above declarations duly notarized by me.
Mr./Ms._______________________________________________________Notary Public.

Place:__________________  Seal/Stamp of
Date: __________________  Signature of the
Notary Public            Notary Public
FORMAT OF UNDERTAKING LETTER FOR NRI SPONSOR [BDS]  
(TO BE NOTARIZED BY NOTARY PUBLIC)

[SPONSOR Name & Address]

Date: _______________

To,
The Secretary,
AMC Medical education trust
Dr. Ramanbhai Patel Bhavan, Usmanpura,
Ahmedabad-380 0013

Sub: Undertaking by the NRI SPONSOR

Sir,

I, ________________________________________________ ____________ (Sponsor) residing at___________________________________ (Abroad) hereby undertake the responsibility of Mr./Ms.______________________________________________ (candidate) residing at ______________________________________________(hereinafter called the "Student") for admission to the BDS Course in AMC MEDICAL EDUCATION TRUST under the NRI seat quota.

I hereby agree, affirm and declare that if the said student is granted admission, I agree and undertake to pay the fees of US$ 40,000 (US Dollar FOURTY THOUSANDS ONLY) for entire B.D.S. course and for the purpose of due compliance by me with fees structure and other associated rules and regulations of the said institute. I also agree and undertake or pay the fees of US $ 5000 (US Dollar FIVE THOUSANDS ONLY) for each term if the study is prolonged beyond the normal prescribed period of 4 years due to any reason whatsoever.

I will also be fully responsible for the total financial support including all expenses on academic, living and traveling of the student and I will bear the same.

Date:                                             Yours faithfully,
Place:

Signature of the Sponsor

The above declaration is duly notarized by Mr./Ms.________________________________________________

Notary Public
[Stamp of the Notary Public]  
Signature of the Notary Public
FORMAT OF UNDERTAKING FOR NRI/NRI CHILDREN/WARDS CATEGORY (BPT)
(TO BE NOTARIZED BY NOTARY PUBLIC)

FROM:
1. PARENT/LEGAL GUARDIAN
   [Name & Address]
2. STUDENT
   [Name & Address]

Date:

To,
The Secretary,
AMC Medical education trust
Ellisbridge, Ahmedabad-380006.

Sub: Undertaking in regard for the fees to be paid to the college

Dear Sir,

(1) I, Mr/Ms.__________________________________ (Name of the student) residing at__________________________

(2) We, Mr./Ms.__________________________________ (Name of the Parent/Guardian) residing at__________________________

the former having been admitted to the I year B.PHYSIOTHERAPY course at your institute under NRI seat quota hereby agree, affirm and declare jointly and severally that the fees of US $ 20,000 (US Dollars TWENTY THOUSANDS) for B.PHYSIOTHERAPY course will be paid by us to the said Institute for the entire course by installments as specified by the institute and the said fee shall be neither negotiable nor refundable in full or part thereof under any circumstances except as provided under the rules of admission and that thereof we will not raise the issue of refunding to us the said amount at any time or under any circumstance.

We also agree and undertake to pay the fee of US $ 2,500 (US Dollar TWO THOUSANDS FIVE HUNDREDS) for each term if the period of study is prolonged beyond the normal prescribed period of 4 years of study and six months of internship due to any reason whatsoever. We also understand that if all the dues are not cleared, the student may not be sent up for the examination.

Yours faithfully,

__________________________________     ________________________________
PARENT/GUARDIAN                    STUDENT

The above declarations duly notarized by me.

Mr./Ms.______________________________________________________________________Notary Public.

Place:__________________
Date:__________________

Seal/Stamp of Notary Public

Signature of the Notary Public
FORMAT OF UNDERTAKING LETTER FOR NRI SPONSOR [BPT]  
(TO BE NOTARIZED BY NOTARY PUBLIC)

[SPONSOR Name & Address]

Date: _______________

To,  
The Secretary,  
AMC Medical education trust  
Dr. Ramanbhai Patel Bhavan, Usmanpura,  
Ahmedabad-380 0013

Sub: Undertaking by the NRI SPONSOR

Sir,  
I, ________________________________________________ ____________ (Sponsor) residing  
at___________________________________ (Abroad) hereby undertake the responsibility of  
Mr./Ms.______________________________________________ (candidate) residing at  
__________________________________(hereinafter called the "Student") for admission to the first year  
B.Physio. Course in AMC MEDICAL EDUCATION TRUST under the NRI seat quota.  

I hereby agree, affirm and declare that if the said student is granted admission, I agree and undertake to  
pay the fees of US$ 20,000 (US Dollar TWENTY THOUSANDS ONLY) for entire B. Physiotherapy course and for the  
purpose of due compliance by me with fees structure and other associated rules and regulations of the said  
institute. I also agree and undertake or pay the fees of US $ 2,500 (US Dollar TWO THOUSANDS FIVE HUNDREDS  
ONLY) for each term if the study is prolonged beyond the normal prescribed period due to any reason  
 whatsoever.  

I will also be fully responsible for the total financial support including all expenses on academic, living  
and traveling of the student and I will bear the same.

Date:                                                    Yours faithfully,
Place:                                                   

Signature of the Sponsor

The above declaration is duly notarized by Mr./Ms.__________________________________________________

Notary Public                                    Signature of the Notary Public
[Stamp of the Notary Public]
We, undersigned ..........................................................[Names of the parents] residing at [address] .......................................................... are parents of student [name] .......................................................... who has applied for under graduation admission in NRI dependent category.

We hereby declare that the sponsor [name] .......................................................... is our [relation] .......................................................... and residing at [address] .......................................................... and we know him for past .............. years. We hereby declare that we do not have economic means to provide for necessary fees and other expenditure for the under graduate course in question of our son/daughter. We also declare that the above said sponsor [name] .......................................................... had helped my son/daughter [name] .......................................................... for his/her education and other related requirements in the past which is reflected by transfer of money from sponsor’s account no. ............... bank ............... branch ............... to our bank account no. ............... bank ............... Branch ............... .

_________________________       ___________________ 
Student’s signature with date                   Father’s signature with date

_________________________       ___________________ 
Mother’s signature with date                  Father’s signature with date

Attested before Executive Magistrate  
(Notarized Affidavit will not be considered)