## PONDICHERRY UNIVERSITY

## **DEPARTMENT OF**

## **UNDERTAKING**

| I,                              |           |              | grar      | nted prov   | isional ac | dmission to    | )           |
|---------------------------------|-----------|--------------|-----------|-------------|------------|----------------|-------------|
| Cour                            | se belor  | ng to Sched  | duled Ca  | ste / Sche  | duled Tr   | ibe catego     | ry. I am    |
| eligible for Post Matrić /      |           |              |           | Scho        | olarship a | and I have a   | applied for |
| the same. I have been granted   | d admis   | sion withou  | ut payme  | ent of fees | subject    | to the cond    | dition that |
| I should b pay the fees as soon | as I rec  | ceive the Sc | holarshi  | p amount    | , but wit  | hin 90 day     | s from the  |
| date of admission.              |           |              |           |             |            |                |             |
| ا hereby undertake to ا         | nav fees  | due to the   | Univers   | ity as soc  | n as I red | reive the so   | cholarshin  |
|                                 |           | •            |           | •           |            |                | ·           |
| amount from the Government      |           |              |           |             |            |                |             |
| my admission (admission dat     | e         |              |           | ) thro      | ugh the    | scholarshi     | p amount    |
| failing which I undertake to pa | y the fee | es on my ov  | vn. Talse | o underst   | and that   | my admiss      | ion would   |
| stand cancelled on failure on r | ny part   | to pay the   | fees with | nin 90 day  | s from d   | ate of my      | admission   |
| and I agree and abide for the s | ame.      |              |           |             |            | *              |             |
|                                 |           |              |           | į į         |            | and the second |             |
| I declare that this unde        | rtaking i | is given wit | h my full | consent.    |            |                |             |
|                                 |           |              |           |             |            | air 10 : -     |             |
|                                 |           |              |           |             |            |                |             |
|                                 |           |              |           |             | Signature  | e of the Car   | ndidate.    |
|                                 |           |              |           |             |            |                | ninesirin   |
| Place:                          |           |              |           | Name:       |            | r de incre e   | r far x ci  |
|                                 |           |              |           | inc         |            | sor dipositi   | inceri      |
| Date:                           |           |              |           | Dept.:      |            |                |             |
|                                 |           |              |           |             | HT TO      | ng din :       | His lot     |
|                                 |           |              |           | Course:     |            |                |             |
|                                 |           |              |           | course.     |            |                |             |