

**UNDERTAKING FOR UNRECOGNIZED P.G. SEATS**

I, Dr.....(Name),UPPGMEE Roll No..... State Rank..... Son/Daughter of .....Resident of..... do hereby submit and undertake as under:-

- 1- I am aware that the seat for ..... (seat, course, college/institution) opted by me is a seat NON-RECOGNIZED by M.C.I.
- 2- I have opted for the said seat as per my own Merit-cum-option and with my own free will.
- 3- I have been informed about the merits/de-merits and implications of the said unrecognized PG course as below:
  - a. That I cannot be registered with the State Medical Faculty on the basis of this degree/diploma.
  - b. That I will be legally permitted to practice only as per those recognized and registered degrees/diplomas that I hold.
  - c. That I will be eligible for government service only as per those recognized and registered degrees/diplomas that I hold.
- 4- I have been further informed that the permission for the said seat may be cancelled at any time in the future, including during the duration of my course of study, by the Medical Council of India/ Government of India; and that in the case of such an event, I am aware that no equity can be claimed on the basis of this admission taken by me, and that I shall not be ordinarily eligible for any compensation financial or otherwise.
- 5- The undertaking of a similar nature shall be furnished by me as well as my parents/Spouse at the time of taking admission to the said unrecognized seat in State Medical Colleges/University.

I am making all the above statement in my full knowledge and consciousness and shall be fully responsible for any awkward and untoward circumstances arising out of the consequences of opting for an unrecognized seat in the State Medical Colleges/University/Institutes.

(Deponent)  
Signature of Candidate .....  
Name .....  
Address .....  
Contact No .....

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