Undertaking

(Annexure-1)

(To be duly notarized on Indian Judicial stamp paper of Rs. 300/-)

l,	, Son/Daughter of
Mr./Mrs.	aged about
years, do hereby give undertaking that;	

- 1. I have read and fully understood the rules and regulations mentioned in the Notice dated 22/09/2025 for FMG CRMI October–November 2025, and I shall abide by the same.
- 2. I am fully aware that allotment of college/ institute/ centre for internship will be done as per merit order, availability of seats and choices filled by me and it cannot be changed in any circumstances after allotment.
- 3. I am fully aware that, the Gujarat Medical Council is only seats allotting authority to FMGs at college/institute/centre as per National Medical Commission, New Delhi directives to the eligible candidates for the purpose of internship. The colleges/institutes/centres are not under administrative/disciplinary control of Gujarat Medical Council. The joining, internship completion certificate, payment of stipend and hostel accommodation will be provided by respective college/institute/centre as per the norms of National Medical commission/ Government of Gujarat/ concerned University. The Gujarat Medical council is not responsible for joining, internship completion certificate, payment of stipend, accommodation etc. If any conflict/issues/misunderstanding arises in relation to joining, internship completion certificate, payment of stipend, accommodation, I have to contact National Medical Commission and College authorities, directly.
- 4. I am fully aware that Allotment for internship program will be done as per my merit cum preference depending on availability of seats at college/institute/centre (as per NMC list). At the time of online choice filling of college/institute/centre, I have to inform either I would opt for 1 year or 2 years or 3 years of internship as per NMC instructions in notices dated 07/12/2023 and 19/06/2024. I have to report and join the internship program at my allotted college/institute/centre as per the date mentioned in my allotment letter and counselling schedule displayed on the website.
- 5. No extension shall be granted in any circumstances or on any ground for reporting & joining the Internship at the allotted college/ institute/centre, as per the dates mentioned in the said FMG CRMI Notice.
- 6. As per the guidelines provided by National Medical Commission, New Delhi in circular dated 09/05/2023, colleges/institutes/centres/authority can decide about the stipend, either to be paid or not and if paid than how much amount to be paid. I am fully aware and abide by the decision taken by colleges/institutes/centres/authority about the same and will not ask for the change of colleges/institutes/centres/authority on the ground of stipend.

- 7. I am fully aware that once GMC allotted me internship colleges/institutes/centres, I have to join as per the schedule. If I fail to join or leave internship in-between or could not complete my internship, I am not eligible to apply for FMG internship in future programme/next batch at GMC and it will be reported to National Medical Commission and applicant's concern State Medical Council for taking appropriate action.
- 8. I am fully aware that it is in my benefit to fill maximum or all available choices during online choice filling process. If I have not filled choice of any colleges/institutes/centres available in the choice list and I am not getting allotment at colleges/institutes/centres during allotment process, I will not be eligible/claim for colleges/institutes/centres even though seats remain vacant in those colleges/institutes/centres.
- 9. I am fully aware that, after completion of CRMI, I have to collect internship completion certificate from the allotted college/ institute/centre as per NMC/ University/ Govt. of Gujarat rules & regulations.
- 10. I am fully aware that, I have to follow all rules and regulations of National Medical Commission, Gujarat Medical Council, concerned University and concerned college/institute /centre.
- 11. I am fully aware that, Internship or its Completion will be consider only in accordance to the existing norms as prescribed by National Medical Commission/ University/ Government of Gujarat.
- 12. I am fully aware that, any kind of misbehaviour or violation of rules will result in termination of my internship at allotted college/ institute/centre. College/ Institute/centre can take disciplinary action against me as per the prevailing norms of University/ Government of Gujarat/ National Medical Commission/ Gujarat Medical Council.
- 13. I am fully aware that, allotted college/ institute/centre will check all original documents and my eligibility at the time of reporting. The college/ institute/centre can refuse joining in case of any discrepancy found in it. Photocopies of all necessary documents have to be submitted to the Dean of allotted medical college/ Institute/centre by the candidate.
- 14. I am fully aware that once an Internship seat is allotted through the online allotment process, the seat cannot be cancelled in any circumstances and/or if I fail to join, discontinue or do not complete the CRMI (Compulsory Rotating Medical Internship) at allotted college/institute /centre for any reason whatsoever shall be subject to the actions mentioned under the Important Notes of Notice of the said FMG CRMI.
- 15. I hereby declare that the details/ Information given in this application form are true and correct to the best of my knowledge and belief. Also, I hereby declare that my information/data displayed in merit list are true & correct & there is no discrepancy in it. If anything is found to be incorrect or false or misguiding or untrue or misleading or misrepresenting, I understand that my internship shall be terminated with immediate effect and will not be eligible for internship allotment by Gujarat Medical Council in future and I shall be prosecuted and liable for any legal action under Bharatiya Nyaya Sanhita (BNS) or any law prevailing in the country.

- 16. I hereby declare that the required documents provided/verified at GMC by me for this application are true and correct to the best of my knowledge and belief and in case any of the documents are found to be false or misguiding or untrue or misleading or misrepresenting, I understand that my internship shall be terminated with immediate effect and will not be eligible for internship allotment by Gujarat Medical Council in future and I shall be prosecuted and liable for any legal action under Bharatiya Nyaya Sanhita (BNS) or any law prevailing in the country.
- 17. I hereby declare that My Admission in MBBS course is genuine and as per the Rules & Regulation framed by NMC/ MCI/ University in this regard. In case any information in relation of my MBBS Course Admission is found to be false or untrue or misleading or misrepresenting, I understand that my internship shall be terminated with immediate effect and will not be eligible for internship allotment by Gujarat Medical Council in future and I shall be prosecuted and liable for any legal action under Bharatiya Nyaya Sanhita (BNS) or any law prevailing in the country.

18. I hereby declare that;

- a. I have completed my MBBS Course.
- b. I have passed MBBS Examinations successfully as per the Rules & Regulation framed by NMC/ MCI/ University/ Government in this regard.
- c. I have completed my MBBS Course from institutes included in Third schedule of MCI Act 1956 and NMC Act 2019.
- d. I have passed Screening Test Examinations successfully conducted by National Board of Examinations in Medical Sciences, New Delhi & I am eligible for CRMI as per the NMC & GMC rules and regulations.
- e. I have Compensated my all of online classes physically onsite as per NMC notice dated: 19/06/2024.
- 19. In case any information in relation to my MBBS Course Completion, its Examinations passed, recognition, passed screening test examination successfully and compensation certificate is found to be false or untrue or misleading or misrepresenting, I understand that my internship shall be terminated with immediate effect and will not be eligible for internship allotment by Gujarat Medical Council in future and I shall be prosecuted and liable for any legal action under Bharatiya Nyaya Sanhita (BNS) or any law prevailing in the country.

Date:		
Place:		Signature of candidate
	Seal of Notary	