

## Undertaking

(To be duly notarised on Indian Judicial stamp paper of Rs. 50/-)

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

1. I am fully aware that I have to join the internship programme as per the date mentioned in my allotment letter.
2. As per instructions given by NMC, Gujarat Medical council is allotting institute to the eligible candidates for the purpose of internship. The internship completion certificate, payment of stipend and hostel accommodation will be provided by respective institute/college as per the norms of National Medical commission/Government of Gujarat/University, Gujarat Medical council is not responsible for the same.
3. After completion of CRMI, I have to collect internship completion certificate from the allotted institute as per NMC rules & regulations.
4. I will follow all rules and regulations of National Medical Commission, Gujarat Medical Council, concern University and concern Institute.
5. I shall be solely responsible for my involvement in any kind of unlawful activities whether inside or outside the campus, and shall be liable for punishment as per the law of the land. I further understand that the Institute shall in no way provide any support to me and will not be held responsible for my any such action. I am fully aware that any kind of misbehavior or violation of rules will result in termination of my internship at allotted institute. Institute can take disciplinary action as per the prevailing norms of University/Govt. of Gujarat/National Medical Commission/Gujarat Medical Council.
6. Allotted institute can check my all Original documents and eligibility at the time of reporting. The institute can refuse joining in case of any discrepancy found in original documents.
7. That I have completed my Practical Training/ Clinical Rotationship/ Clearkship/ Internship physically in my Respective Foreign Country and I have read/gone through the NMC (UGMEB) Public Notice vide No. NMC/20659(Legal)/2022/UGMEB/, Dated: 28<sup>th</sup> July, 2022 and the scheme/

relaxations mentioned in it is not applicable to me and, I fulfill this eligibility for grant of 12 months Compulsory Rotating Medical Internship (CRMI) as per CRMI Regulations, 2021.

8. The entries made by me in the Application Form are complete and true to the best of my knowledge, belief and information.
9. The attendance of the candidate during internship will be considered as per the norms of National Medical Commission and concern University.
10. I will neither join in any agitation/strike for the purpose of forcing the authorities of the Institute to resolve any problem, nor will I participate in any activity which has a tendency to disturb the peace and tranquility of campus and/or its Hostel premises.
11. I shall be liable for expulsion forthwith from the concern institute on being found involved in or committing any offence cognizable and punishable under the Narcotic Drugs and Psychotropic Substances Act, 1985.
12. My allotment to concern institute may be cancelled, at any stage, if I am found ineligible and/or the information/s provided by me are found to be incorrect.
13. I will inform the concern institute about any changes in information submitted by me in the Application Form and any other documents, including change in addresses and phone nos., from time to time.
14. I will strictly adhere to the code of conduct as laid down by the concern institute/university/Government of Gujarat/National Medical Commission and will not indulge in any act of indiscipline while inside or outside the University campus.
15. I know that I am eligible for CRMI as per rules and regulation and norms laid down by NMC. If my claim is found false at any time, it will be immediately terminated by concern authority.

Date:

Place:

Signature of candidate

Seal of Notary