

## **Undertaking**

### **(Annaexure-1)**

**(To be duly notarized on Indian Judicial stamp paper of Rs. 100/-)**

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

1. I am fully aware that the college/ institute/centre allotted to me is as per choice filled by me and it cannot be changed in any condition/circumstances and I have to join the internship programme as per the date mentioned in my allotment letter.
2. As per instructions provided by NMC, Gujarat Medical Council is allotting college/ institute/centre to the eligible candidates for the purpose of internship. The 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 payment of stipend, accommodation etc.
3. 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.
4. I will follow all rules and regulations of National Medical Commission, Gujarat Medical Council, concern University and concern college/ institute/centre.
5. I am fully aware that any kind of misbehavior or violation of rules will result in termination of my internship at allotted college/ institute/centre. College/ Institute/centre can take disciplinary action as per the prevailing norms of University/Govt. of Gujarat/National Medical Commission/Gujarat Medical Council.
6. Allotted college/ institute/centre will check all original documents and eligibility at the time of reporting. The college/ institute/centre can refuse joining of Candidate in case of any discrepancy found in it. Original documents have to be submitted to the Dean of allotted medical college/ Institute/centre by the candidate.
7. 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 misleading 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 Indian Penal Code (IPC) or any law prevailing in the country.

8. I hereby declare that the required documents enclosed 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 misleading 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 Indian Penal Code (IPC) or any law prevailing in the country.
9. 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 Indian Penal Code (IPC) or any law prevailing in the country.
10. 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) My MBBS Course is recognized by MCI/ National Medical Commission, New Delhi.
  - (d) I have passed Screening Test Examinations successfully conducted by NBE, New Delhi & I am eligible for CRMI as per the NMC & GMC rules and regulations.

In case any information in relation to my MBBS Course Completion, its Examinations passed, recognition and passed screening test examination successfully 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 Indian Penal Code (IPC) or any law prevailing in the country.

**Date:**  
**Place:**

**Signature of candidate**

**Seal of Notary**