

**GOVERNMENT MEDICAL COLLEGE, AP**  
**UNDER TAKING BY THE PARENT**

Date: \_\_\_\_/\_\_\_\_/2025

From

\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_,  
\_\_\_\_\_.

To

The Principal,  
Government Medical College,  
Rajamahendravaram, A.P.

Respected Sir/Madam,

Sub: Payment of fees regularly every year – Undertaking – reg.

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My son/daughter/ward\_\_\_\_\_ has been granted admission in Government Medical College, Rajamahendravaram, AP. Under Competent authority (NRI) Category for the academic year 2025-2026 for the amount of Rs.20,00,000/- (Twenty Lakhs only) per annum for a period of four and half years. Myself, along with my son/ daughter/ ward hereby undertake that the prescribed Tuition fee shall be paid at the time of admission and as demanded by the Principal as per schedule. We hereby agree that we will pay the late fee as per the norms of the college if there is any delay in making payment in the stipulated time. Failing to do so, we assure that we will be held responsible and will abide rules and regulations of the Government Medical College, Rajamahendravaram, AP.

Yours faithfully,

Signature of the parent.  
Aadhaar No.  
PanNo.

Signature of the student.  
Aadhaar No.  
PanNo.