

UNDERTAKING

I _____ (Name), age _____ residing at _____, do hereby state and declare on solemn affirmations as under:

_____ (Name), Enrolment no. _____, working as Registered Resident Doctor for CPS Diploma in _____ (Branch) at _____ (Institute address) for a tenure of 02 years from _____ to _____.

I am supposed to submit my exam form till _____ (last date of submitting the examination form for this session); but as my 4th post gets completed on _____ (last date of completion of post). I will submit the 4th post completion certificate within 8 days of _____ (last date of post completion). I hereby submit that, if I fail to submit the said document as mentioned above College of Physicians & Surgeons of Mumbai will withhold my results and may make the exam null and void as per the rules of CPS. Whatever stated here in above is true and correct to the best of my knowledge and belief and if above matter is false, then I am eligible for punishment under section 200, 199 and 193/2 of I.P.C.

Place:

Date:

Signature:

Name:

Enrolment No.:

Subject: