

ANNEXURE - II

DECLARATION

(This declaration is to be given by a student / ward as well as his /her
Guardian for admission under NRI Category -C (S2)

I, Dr. NEET
Roll Number----- and Rank NEET-2022 (PG/MDS) -----
-ward/S/o or D/o offor admission into Post
Graduate course in Category-C- S2 (NRI Quota) for the academic year 2022-23
in a Unaided Private Medical & Dental Colleges affiliated to Dr.NTR UHS in the
State of Andhra Pradesh do hereby declare and state as under:

I declare that I am a ward S/o or D/o of /under Guardianship of
Mr/Ms.....S/o.....
.....R/o.....
..... (here
incorporate the complete address of NRI of whom the candidate/declarant is a
ward).

I declare that the said NRI is paying my fee for my Postgraduate course and I
further declare that the above facts stated are true and correct and I am liable
for any action in the event of concealment of facts.

(Signature of the Candidate)

I, S/o
(or)
D/ohere declare and confirm that the
above declarant viz., Dr.....is my
ward and is under my Guardianship and I hereby irrevocably agree and
undertake to provide financial support to him/her for payment of entire fees
and other expenses for pursuing Post Graduate course for the academic year
2022-23 in any Unaided Private Medical/Dental Colleges affiliated to Dr. NTR
UHS in the State of Andhra Pradesh.

Date:

(Name and Signature of the Guardian)