

COLLEGE FEE PAYMENT UNDERTAKING

I, _____ , S/O, D/O _____
selected for First MBBS course for the year 2025-26 and admitted in “Apollo Institute of Medical Sciences and Research (AIMSR)”, Apollo Health City, Jubilee Hills, Hyderabad – 500096, Telangana do hereby undertake to complete the said course as per the requirements of the University. In the Stipulated period of the above said course, I undertake to pay the Tuition Fee for the remaining period to the Principal - Apollo Institute of Medical Sciences and Research (AIMSR), Hyderabad as per the fee schedule given below.

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|----|---------------------------|---|----------------|----------------------------------|
| 1. | 1 st Year fees | - | Amount Rs..... | During admission |
| 2. | 2 nd year fees | - | Amount Rs..... | Before 31 st Dec 2026 |
| 3. | 3 rd year fees | - | Amount Rs..... | Before 31 st Dec 2027 |

Signature of the Candidate

Signature of the parent/Guardian

Date:

Witness:

Sureties:

1) Signature

1) Signature

Name & Address in Full

Name & Address in Full

2) Signature

2) Signature

Name & Address in Full

Name & Address in Full