

(TO BE PRINTED ON Rs. 500 STAMP PAPER ON STUDENTS NAME)

ANNEXURE-A

GAP AFFIDAVIT

I, _____ S/D/of _____,

Age- _____ Years an Indian Inhabitant Residing _____

_____ do

hereby state on solemn affirmation as under:

That I have passed HSC Science Successfully from _____
_____. But after completing the said course I have not enrolled my
name in other educational Institution for further education.

Hence I have made this Affidavit saying that the period of _____ is my _____
Years Gap in my academic career. Now I wish to enroll my name for further education
in the year 20____ - ____ & I have made this Affidavit to state and confirm that I have
taken Gap of _____ Year in my education.

All the above contents is true and correct and nothing any concealed therein. If it is
found to be false, I am liable to punished as per section 119 and 200 of Indian Penal
Code.

Solemnly affirm within the named _____.

Date: / /2025

Deponent

Place:

UNDERTAKING FOR PAYMENT OF FEES

(To be submitted by the student and parent/guardian on a ₹500 non-judicial stamp paper duly notarized)

To,
The Dean,
Smt Sakhubai Narayanrao Katkade
Medical College & Research Center,
Kokamthan Tal: Kopargaon Dist: Ahilyanagar-423601 Maharashtra.

Subject: Undertaking for Payment of Institutional Fees as per Approved Schedule

I, the undersigned,

- Full Name of Student: _____
- Date of Birth: _____
- Mobile Number: _____
- Email ID: _____
- Permanent Address: _____ and _____

I, the undersigned (Father / Mother / Legal Guardian of the student),

- Full Name: _____
- Relationship with Student: _____
- Mobile Number: _____
- PAN No. (if applicable): _____

1. That the above-named student has been admitted to the MBBS course Course at Smt Sakhubai Narayanrao Katkade Medical College and Research Center, Kokamthan Tal: Koaprgaon Dist: Ahilyanagar a private unaided institution affiliated with Maharashtra University of Health Sciences, Nashik under _____ quota (e.g., Open / Institutional / NRI / Management) for the academic year _____.
_____.
2. That we fully understand that the fees Structure for Private Unaided Medical Colleges in Maharashtra is approved by the Fees Regulating Authority (FRA), Maharashtra and, we, agree to pay the same as applicable from time to time, including but not limited to:
 - Tuition Fees
 - Development Fees
 - Hostel Fees (if applicable)
 - Examination / University Fees
 - Any other applicable charges (as Notified)

Contd. On Page. 2

3. That we agree to pay the above-mentioned fees on or before the due dates notified by the institution from time to time and understand that delay in payment may result in late fees, penalties or any other suitable administrative action.
4. That we understand and accept that fees once paid are non-refundable, except in accordance with the rules of the competent authority or as per the college's refund policy duly notified in advance.
5. I am fully aware that the aforesaid fees Paid by me is interim Tuition fees and are subject to revision at any time. In event of the fees being increased by the Fee Regulating Authority, Mumbai or Judicial Pronouncement, I hereby undertake to pay the difference amount of the fees within a period of 7 days from being notified.
6. That we further undertake not to seek cancellation of admission. However, in the event that cancellation becomes necessary after the cut-off date –
 - a. Due to non-eligibility declared by the competent authorities, owing to submission of incorrect documents or any other specified reason, or
 - b. Due to suspension or debarment of the candidate for wrong practices / malpractices in the college, as proved by the Investigating Committee or recommended by the affiliating university, or
 - c. Due to any personal reason/Health reason of the candidate,we shall be fully liable to pay the entire course fee as applicable, in accordance with the rules and guidelines published in the Admission Brochure / Prospectus and as per the directives of the competent authorities.
7. That in case of any default or non-compliance with the terms of this undertaking, the college shall be entitled to take appropriate action, including recovery of dues through legal means.

Date: / /20

Place: _____

Signature of Student

Name: _____

Signature of Parent / Guardian

Name: _____

Witnesses:

1. Name: _____ Signature: _____ Contact: _____

2. Name: _____ Signature: _____ Contact: _____

[Seal & Signature of Notary Public]
(With name, registration number, and date)

To be Notarized OR Affidavit from Tahsildar
(On Rs. 500.00 Stamp Paper in the name of student)
UNDERTAKING FOR ANTIRAGGING

I, -----, D/o. Mr.----- Age----- yrs,
R/o- -----

Have carefully read and fully understood the law prohibiting ragging and the directions of the Hon. Supreme Court and the Central/State Government in this regard. As per Maharashtra Prohibition of ragging act No. XXXIII of 1999, ragging within or outside of education institute is strictly prohibited.

DEFINITION OF RAGGING:

Ragging includes display of noisy, disorderly conduct, teasing, rough or rude treatment indulging in rowdy indiscipline and obscene activities which cause all or likely to cause annoyance under hardship, physical or psychological harm or mental trauma or raise apprehension or fear in a fresher or other students or forcing the students to do any act which such or danger to his or her lives or limb or indulging in eve teasing.

PROHIBITION OF RAGGING: Ragging within or outside the educational institute is strictly prohibited.

PENALTY FOR RAGGING: Whoever directly commits participates in abets or instigates ragging within or outside any educational institute shall be suspended expelled or rusticated from the institution shall also be liable to fine which may extend to Rs. 25000.00

THE PUNISHMENT ALSO INCLUDES: Cancellation of admission, suspension of attending classes, withholding/ withdrawing fellowship/scholarship and other financial benefits. I have read the above and understand the meaning of ragging, consequences of ragging and punishment for it.

I promise that I shall not get involved directly or indirectly in any sort of ragging till such time, I am a bonafide- student of the previous college.

Signature of the Student

Signature of the Parent

Witness:

Date: / /2025

Place:

Annexure 'C'

पदवी, पदव्युत्तर पदवी प्रथम वर्ष अभ्यासक्रमास प्रवेश घेणाऱ्या सर्व मुला/मुलीकडून प्रवेशाच्या वेळी मतदार

यादीमध्ये नाव नोंदणी करण्याचा अनुषंगाने घ्यावयाचे प्रमाणपत्र/हमीपत्र.

मी _____, अभ्यासक्रम:

_____ महाविद्यालयाचे नाव: **श्रीमती सखुबाई नारायणराव कातकडे मेडीकल**

कॉलेज व रिसर्च सेंटर कोकमठाण ता: कोपरगाव जि: अहिल्यानगर या महाविद्यालयात प्रथम वर्षात प्रवेश घेतला

असून मी दि.०१/०१/ _____ रोजी १८ वर्षाचा/वर्षाची झालो/झाले आहे किंवा होणार. १८ वर्ष पूर्ण

झाल्याबरोबर मी माझे नाव मतदार यादीत नोंदावून घेणार आहे अशी मी प्रतिज्ञा करतो/करते.

स्वाक्षरी: _____

नाव: _____