

## 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-2022 (PG)

HT. No. \_\_\_\_\_ and Rank NEET-2022 (PG) \_\_\_\_\_ D/o. \_\_\_\_\_

\_\_\_\_\_ for admission into Post Graduate course in Category-C- S2 (NRI Quota) for the academic year 2022-23 in a Unaided Private Non-Minority/Minority Medical 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 under Guardianship of **Mr.** \_\_\_\_\_

**S/o. Sri.** \_\_\_\_\_

(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. Hence this declaration.

(Signature of the Candidate)

I, **Mr.** \_\_\_\_\_ S/o **Sri.** \_\_\_\_\_

\_\_\_\_\_ here 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 Non-Minority/Minority Medical affiliated to Dr. NTR UHS in the State of Andhra Pradesh.

Date:

(Name and Signature of the Guardian)

**Mr.** \_\_\_\_\_