

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES
DILSHAD GARDEN, DELHI-110095.**

(ACADEMIC SECTION)

MC/Acad.Alumni/2018/

**The Principal,
University College of Medical Sciences,
Dilshad Garden,
DELHI-110095.**

Sir,

I am given to understand that there exists the UCMS Alumni and it is obligatory for all students passing out from UCMS to become a member of it.

I, therefore, agree to become a member of the Alumni on my passing out from UCMS, and for the purpose, I agree that the Caution money (Rs. 500/-) which might be due to me at the time of passing out would be utilized towards UCMS Alumni/College life membership fee and students welfare activities.

Yours faithfully

(SIGNATURE)

Name _____

Address: _____

Dated _____

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES
DILSHAD GARDEN, DELHI-110095.**

(ACADEMIC SECTION)

MC/Acad./3/2/2018/

Dated: ____ / ____ /2018

DECLARATION

I, _____ S/o _____ &

R/o _____

admitted to the Ist yr. MBBS Course of University of Delhi being imparted at University College of Medical Sciences & Guru Teg Bahadur Hospital, submit myself to the disciplinary jurisdiction of Vice-Chancellor and the several authorities of the University who may be vested with the authority to exercise discipline under the Act, the Statutes, the Ordinance and the rules that have been framed there under by the University.

Further, I submit that I have been provided with a copy of the Bulletin of Information containing therein interalia rules of Discipline and also a copy of each of the Ordinance XV-B and XV-C relating to "Maintenance of Discipline" and provision of the punishment for Ragging respectively.

I have made myself conversant with these rules and shall abide by them strictly during my stay in the College.

SIGNATURE (FATHER/GUARDIAN)

(SIGNATURE OF THE STUDENT)

ADDRESS _____

ADDRESS _____

Telephone No./ Mob. _____

Telephone No./ Mob. _____

**UNIVERSITY COLLEGE OF MEDICAL SCIENCES
DILSHAD GARDEN, DELHI-110095.**

(ACADEMIC SECTION)

MC/Acad./3/2/2018/

Dated: ____/____/2018

UNDERTAKING
(BY FATHER/MOTHER OR GUARDIAN)

I, _____ F/o _____

hereby undertake to agree the punishment for my ward if found involve in the ragging and unfair means activities.

Signature of student's
Mother/Guardian

Signature of student's father

Name: _____

Name: _____

Address: _____

Address: _____

Mobile No.- _____

Mobile No.- _____

Landline No. _____

Landline No. _____