

**Undertaking to be Submitted by I,II,III & IV BDS (N/O)**

**(Fresh/Repeater ) Student**

I, .....am the bonafide student of ..... (college) admitted in the BDS course in academic Year 20 - 20 and I am fully aware of following condition prescribed by the Dental Council of India, New Delhi published by the University vide its Examination Notification No. / 2015 dated / /2015

***“Any student, who does not clear the BDS course in all the subjects within a period of 9 years, including one year compulsory Rotatory paid Internship from the date of admission, shall be discharged from the course.”***

Keeping in view of above rule and Examination Notification No. /2015, I am aware that my attempt in Summer/Winter ..... University Examination will be my last attempt to pass the BDS course. I shall not claim to appear for any further BDS course University Examinations due to exhaustion of prescribed time limit. I am fully aware that my admission shall be automatically stands discharged from the BDS course as per conditions prescribed by the Dental Council of India.

Date:

Name of Student:

Signature:

**Certification by the Dean/Principal of the college**

The above named student has been counseled by the college in view of University Examination Notification No. /2015 dated / /2015 and he/she is found to be eligible to appear for ensuing University Examination.

**Date:**

**Dean/Principal**

**Seal & Stamp of college**