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I, Mr./Ku./Miss	
Son / Daughter of	
admission in Under Graduation Cou	urse at SURAT MUNICIPAL INSTITUTE OF MEDICAL
EDUCATION & RESEARCH (SMIMER)	, Surat hereby agree that I shall pay tuition fee of
U.G.(Medical) Course as & when find	alized by the appropriate authority. I know that the
amount of tuition fee for the acad	lemic year 2021- 2022 is yet not finalized by Fee
Regulatory Committee (Medical)	Gujarat State, constituted as per "The Gujarat
Professional Medical Educational Co	olleges or Institutions (Regulation of Admission &
Examination of Fee) Act.2007.	
We	and
	therefore undertake
•	the said U.G. Course will be paid on revision of fee Regulatory Committee (Medical) Gujarat State and
Date:	
Place: Smimer, Surat	Signature of Student
	Signature of guardian/parents
Witness:	<u>Full Name</u>
1	