



GOVERNMENT OF NCT OF DELHI  
MAULANA AZAD MEDICAL COLLEGE

And Associated Lok Nayak, G. B. Pant Hospital & Guru Nanak Eye Centre,  
2-B.S.Z. Marg, New Delhi-02  
(Academic Branch)

**UNDERTAKING**

I undertake that an amount of Rs.\_\_\_\_\_was spend on the purchase of the text books, in the year\_\_\_\_\_. I further undertake that the book shall be produced by me for physical verification whenever called upon to do so by the institution failing which I shall repay the money received from the college.

It is requested to kindly release my prescribed book allowance for the year 20\_\_\_\_ - 20\_\_\_\_, I am also enclosing herewith necessary purchase bills/receipts of the books in this regard for reference and necessary action at your end.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Student's Full Name : \_\_\_\_\_

Department : \_\_\_\_\_

PG (MD/MS/Diploma) : I / II / III

Batch : \_\_\_\_\_

Date of Joining : \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Address with Mobile No. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For the use of Department(Concerned):

**(Department of \_\_\_\_\_)**

No.F.

Dated:

The bills of the purchase of books are duly verified and the necessary entires are made in the records . It is also certified that the above said book allowance for the year\_\_\_\_\_for Rs.\_\_\_\_\_is not claimed by Dr.\_\_\_\_\_studying in the year\_\_\_\_\_earlier.

(Entered on page no.\_\_\_\_\_)

Signatures \_\_\_\_\_

Date\_\_\_\_\_

**Note: Bill receipt should be attached for the year for which allowance is claimed. Name should also endorsed in the Bill receipt i.e. self attested by attested by himself.**

Signature and Approval fo the Head of Department with stamp