

**MBBS ADMISSION – Students admitted under
State Merit / Management Merit / NRI Merit (MBBS Admission 2026-27)**

UNDERTAKING

I,(Name of the student), KEAM Roll No. do hereby submit before the Principal, Pushpagiri Institute of Medical Sciences & Research Centre, Tiruvalla that:

1. I have been allotted to Pushpagiri Medical College, Tiruvalla through the centralised allotment process conducted by the Commissioner of Entrance Examination, Kerala to join the MBBS Course in the year 2026-27.
2. I am fully aware that the fee currently remitted by me at the time of admission for the academic year 2026-27 is accepted strictly as a provisional first installment toward the total course fee, based on the fee structure applicable for the academic year 2025-26, and is subject to revision by the Fee Regulatory Committee / Competent Authority. I have also read and understood the notification for ADMISSION TO MBBS issued by the Commissioner of Entrance Examinations, Government of Kerala dated 27-08-2026 (Page 2 Note No. 3).
3. I do hereby undertake to pay the difference of fee if any, over and above the provisional fee paid by me as the first installment in this academic year within one month from the date of notification of the final fee payable in the academic year 2026-27 by the authorities.
4. I am fully aware that in case of failure on my part to fulfill this conditions, my admission shall automatically stands cancelled.

**Name, Address and Signature of the
candidate:**

**Name, Address and Signature of the Parent /
Surety:**

Signature: _____

Signature: _____

Date:

Place: