

UNDERTAKING

I, _____

(Designation and Address) on behalf of the _____

(Institution Name) do here by undertake that I will abide by the provisions contained in the first proviso to sub-section (1) of Section 34 of the Odisha University of Health Sciences Act, 2021 (Odisha Act 22 of 2021) and Statute 47 of the 1st Statute of Odisha University of Health Sciences, 2023 and the terms and conditions as imposed by the Odisha University of Health Sciences, Bhubaneswar from time to time in the event of Consent of Affiliation granted by the said University to us.

(Signature)

Name: _____

Address: _____

Place: _____

Date: _____

Name of the Institution:
