

UNDERTAKING-CUM-DECLARATION

I, _____ S/O D/O _____
R/O _____
is a student of _____ (Programme) of _____
(School/College) with Registration No. _____ declares that I am taking
the medicines of depression duly prescribed by a medical practitioner doctor with due
consent of my parents.

I declares and undertakes that if any mis happening occurs for any reason due to the
medicines, the Sanskaram University, Kheri Taluka, Patauda, Jhajjar (Haryana), or any
authority of the university will not be held responsible.

Signature : _____

Date : _____

UNDERTAKING-CUM-DECLARATION

I, _____ F/O _____
R/O _____
who is a student of _____ (Programme) of _____
(School) with Registration No. _____ declares that I am well aware that
my Son/Daughter is taking the medicines for depression duly prescribed by a medical
practitioner doctor.

I declares and undertakes that if any mishappening occurs for any reason due to the
medicines, the Sanskaram University, Kheri Taluka, Patauda, Jhajjar (Haryana), or any
authority of the university will not be held responsible.

Signature : _____

Date : _____