

UNDERTAKING

Subject: Payment of Fee: NRI Students

I,father / Mother of.....

(Who is admitted to BDS Course at the Amrita School of Dentistry, Amrita Institute of Medical Sciences, Kochi, Kerala, India under NRI quota during the academic year 2025-26,) and resident of

.....

.....

do hereby undertake that:

1. I will pay the entire amount of tuition fee of US Dollars 24000 and Hostel and mess fee of US Dollars 6400 for the entire duration of the course (four years) in 4 instalments in **US Dollars ONLY** as follows:

First year	(2025-26)	US \$ 6000+1600(payable before day of admission)
Second year	(2026-27)	US \$ 6000+1600
Third year	(2027-28)	US \$ 6000+1600
Fourth year	(2028-29)	US \$ 6000+1600

2. I understand that after due date, a fine of US \$ 5.00 per day (or equivalent Indian Currency based on the conversion rate on the day of transaction/remittance) is applicable till the date of payment.
3. I also agree and undertake to pay the other fees (In INR) as applicable every year on demand by the Principal, Amrita School of Medicine.

Name:

Signature:

Date: