

UNDERTAKING

Subject: Payment of Fee: NRI Students

I,father / Mother of.....
(Who is admitted to MBBS Course at the Amrita School of Medicine, Amrita Institute of Medical Sciences, Kochi, Kerala, India under NRI quota during the academic year 2026-27,) and resident of ---

----- do hereby
undertake that:

1. I will pay the entire amount of tuition fee of US Dollars 2,25,000 /- for the entire duration of the course i.e. four and a half years in the below given bifurcation in **US Dollars ONLY** as follows:

TUITION FEE:

First year (2026-27)	US \$ _____ (payable before admission)
Second year (2027-28)	US \$ _____
Third year (2028-29)	US \$ _____
Fourth year (2029-30)	US \$ _____
Final six months -	US \$ _____

Hostel and Mess Fees of USD 1600 is also to be paid at the beginning of each academic year.

1. 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.
2. 3. I also agree and undertake to pay the other fees (In INR) as applicable every year on demand by Amrita School of Medicine.

Name:

Signature:

Date: