

Rajasthan University of Health Sciences, Jaipur
Rajasthan Centralized Pharmacy Admissions-2009

UNDERTAKING FORM

I (Name in capital) _____

S/o. D/o. _____

Registration no. . _____ undertake that I fulfill the condition of domicile (in case of Rajasthan candidate) and eligibility of admission to pharmacy course as laid-down in the RPPT-2009 information booklet. My admission shall stand cancelled if I am not found eligible for admission on any ground(s) by the authorities of the CAC (Pharmacy)-2009 or the respective college/university.

Date:

Signature of candidate