## **UNDERTAKING**

## (TOBESUBMITTEDBYTHEAPPLICANTINLIEUOFGAPCERTIFICATE)

I,Mr./Ms	,son/daughterof
Mr./Mrs	· · · · · · · · · · · · · · · · · · ·
Dist,State	
to	(nameoftheprogramme)ofTezpur
University.	
Iherebydeclareandgiveanundertaking that	
1. IncaseofadmissiontotheTezpurUniversity,Isha	Ilproducethegapcertificate,inoriginal,on or
before <b>30<sup>th</sup>November, 2024</b> failing which my	admission will stand cancelled. In thatcase I will
abide by the decision of the University.	
2. Incasemyadmissioniscancelled,refundwillbed	asperUGC/TUrulesandregulations.
Countersignature of Father / Mother / Guardian	Signatureoftheapplicant
Date:	Name
	Date
	Form No.