UNDERTAKING FORM

I,, a student of	of	(Department) at
(Institution Name), hereby declare	that I am joining _	(Company Name) on
(Joining Date	e) .	
I acknowledge that during this per responsibility for any academic co in any course, due to my participa	onsequences, includ	ing but not limited to low grades or failure
	ninations or course o	is period should not be a factor in completion. However, I am responsible for c requirements as per the institution's
•	m accountable for a	ole for my academic performance during ny failure or academic loss resulting from tions.
This undertaking is given voluntar	ily and with full awa	reness of my academic responsibilities.
Student Name:Student ID: Department: Institution Name: Date:		
Signature:		