

Annexure-C

DELHI PHARMACEUTICAL SCIENCE AND RESEARCH UNIVERSITY
(Established under Act 07 of 2008, Govt. of NCT of Delhi)
Pushp Vihar, Sect-III, M.B. Road, New Delhi-110017

**Undertaking to be signed by the parents/guardian and students pertaining to well-being/
medical need of the student**

Any medical ground/ suffering from stress, depression or any mental health issue

Yes

No

In case Yes, the following points are applicable:

- a. It is the sole responsibility of the parent/guardian to take care of the student in case of any mis-happening. The Institute bears no responsibility for such cases.
- b. The prescriptions/ any document pertaining to the above mentioned should be attached properly.

The University can only support the student in a limited manner. Such cases should be handled by the parent/guardian themselves.

Date: _____

Signature _____

Place: _____

Name of the Parent/Guardian _____

Phone/Mobile No _____

In case of admission under Outside Delhi Quota/DASA/International student candidate name and contact details of local Guardian located in Delhi/NCR (Mandatory)

Date: _____

Signature _____

Place: _____

Name _____