

To,  
Dean,  
Dr. Ulhas Patil Medical College  
& Hospital, Jalgaon kh.

**UNDERTAKING-CUM-AFFIDAVIT**

Of House owner for proof of Residence

I ..... Age: ..... Occu: .....

R/o(Address) :-.....

Mob. No: ..... do hereby state on solemn affirmation that,

Mr. /Miss.....Student of .....Year  
MBBS Dr. Ulhas Patil Medical College & Hospital, Jalgaon kh. is residing at my  
flat/Block/Room /House/private Hostel Room No: ...../lodge on rent since/  
/ 201 at address mentioned below.

Address: - .....

.....

.....

His permanent address is .....

.....

I further undertake that, in case Mr. ....  
leaves my rented room /House /flat/Block. (I will inform you immediately.)

The content of this affidavit is true and correct to best of my knowledge.

Hence this Affidavit for the proof of Residence of Mr. ....

verified on this .....day of..... (month)-201 at .....

Deponent

(Name & Sign of House owner)