**UNDERTAKING TO BE SUBMITTED BY THE APPLICANT**

**FOR CRRI TRAINING PROGRAMME**

I, (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S/o, D/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Father) residing in (House address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 do hereby state that I have gone through the Rules and Regulatory Guidelines of the Compulsory Rotatory Residential Internship (CRRI) Training Programme. I hereby assure that I will abide by all the rules and regulations as per the Guidelines of the CRRI Training Programme and also that of the National Institute of Siddha, Chennai that may be issued from time-to-time.

I also understand that in the event of non-compliance with any of the above I may be expelled from the CRRI training programme and from the National Institute of Siddha, Chennai as per the discretion of the Competent Authority.

I am also fully aware that the advance fee paid by me will not be refunded in the event of my discontinuation of the CRRI Training Programme.

Place: Signature of the Applicant:

Date: Name of the Applicant: