# To be submitted on Judicial Stamp Paper of 50/- (if it is prepared in India only)

# OR

# Equivalent Legal Procedure as per Judicial norms at concerned Country of NRI Sponsor

To,

The Director

Institute of Pharmacy

Nirma University

Sarkhej – Gandhinagar Highway. Ahmedabad

**Subject : Sponsorship – Undertaking of the Sponsor for Academic Year – 2022-2023.**

Sir,

I, Mr./Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (foreign address) since \_\_\_\_\_\_\_\_\_\_\_. I, hereby, sponsor Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (herein after called as the ‘student’), residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\*) and is dependent on me, for the purpose of financing education leading to Bachelor of Pharmacy (B. Pharm.) under Institute of Pharmacy, Nirma University.

I hereby agree, affirm and declare that, if the said student is granted admission in the above course under the Institute of Pharmacy for pursuing the course of B.Pharm., then I agree and undertake to pay the fee of **US $5000** per year or equivalent Indian Rupees in advance every year for the total period of the programme in which he/she is to be admitted..

I also undertake that if the fee is increased for more than the **US $5000** or equivalent Indian Rupees per year, I will pay the same at the increased rate and I shall deposit the additional amount. I will also be fully responsible for the total financial support including all the expenses on academic/living and other incidental expenses.

I also hereby confirm that I work as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (firm) and I earn an annual income of US $ \_\_\_\_\_\_\_\_\_\_ (Approx.) or equivalent Indian Rupees.

Yours faithfully,

(Name & Signature of the Sponsor) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above declaration is duly notarized by Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Notary Public.

Signature of the Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp of the Notary Public

**[(\*) The relationship of the candidate seeking admission with the sponsor is required to be mentioned here]**