



**INDIRA GANDHI NATIONAL TRIBAL UNIVERSITY
AMARKANTAK (M.P.) 484 887**

**UNDERTAKING FORM
(For non- submission of Certificates)**

I hereby request you to give me a conditional admission toat the department of.....in the faculty ofpending the submission of the following certificates:

- 1.
- 2.
- 3.
- 4.
- 5.

I also wish to state date if I fill to submit the above mentioned certificates to the Head of the Department concerned on or beforeor if I fail in the qualifying exam or if I fail to score the required percentage in the qualifying exam my admission to the said program can be cancelled.

Signature of Candidate

Head of the Department