**Letter of Undertaking**

I,…………………………………………bearing CID No………………………hereby upon receiving the provisional certificate of registration for internship do solemnly pledge to abide and agree under the terms and conditions as follows but not limited to:

1. Work directly under the supervisor identified by the institute/Hospital;
2. Not independently carry out any procedure;
3. Not carry out any task out of the scope of the practice;
4. Strictly abide by Code Etiquette, Ethics and Conduct of BMHC;
5. Process for the full registration after the expiry of the said registration;
6. Produce the Certificate of Internship upon the completion of the Internship; and
7. Exclusively responsible for the action if it may arise during the said program
8. Provisional registration is exclusively to carry out internship/ clinical attachments and does not guarantee full registration and thereof.

In case, if the aforementioned terms and condition are Violated/Breached, then I shall be answerable to any authority as per the laws of the land.

Affix Legal Stamp

Signature

Name: ………………………………

Provisional Registration no…………………………….

Date: …………………..............................