



राष्ट्रीय प्रौद्योगिकी संस्थान जमशेदपुर
NATIONAL INSTITUTE OF TECHNOLOGY JAMSHEDPUR
 Jamshedpur – 831 014, Jharkhand, India

Academic session 2017-18

ID No:

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(Office Use Only)

UNDERTAKING (Medical Facilities)

Undertaking of awareness of medical facilities at NIT, Jamshedpur Dispensary by Parent / Guardian

I _____ Father / mother / guardian of
 Mr. / Ms. _____ NIMCET 2017 Roll No. _____ AIR
 _____ AIR (Category) _____ hereby declare the following in
 respect of my ward to be admitted to MCA Programme of study at NIT Jamshedpur.

I am aware of the following facts:

- (i) The NIT Jamshedpur Dispensary located in the campus and run by NIT Jamshedpur for its community has limited facilities.
- (ii) The NIT Jamshedpur Dispensary may not be adequate for treatment of any patient with chronic or serious ailments.
- (iii) In case of emergency, I hereby authorize the doctors of Tata Main Hospital (TMH), Jamshedpur to take decisions in connection with medicine / surgical treatment in the best interest of my son / daughter / ward.
- (iv) It is the responsibility of the parents / guardians to take care of their wards for outside treatment.
- (v) Each student would be provided a limited health insurance through a professional company. However, the dealing with that company would be entirely the responsibility of the student. NIT Jamshedpur in no way would be responsible for any dispute / discrepancy.

Despite the best efforts on the part of NIT Jamshedpur if any untoward thing happens to my ward, I shall not hold the Institute accountable for the same and will not seek any financial help or compensation for the same through any court of law.

Date:

Signature of the Parent /Guardian

Full Name: _____

Relation: _____