I ……...Father/Mother/Guardian of

my ward……..,Student of MBBS degree at SKS Medical College, 1st year, Session 2026-27 do solemnly declare and affirm that I have deposited below mentioned Post Dated Cheques against the MBBS course fees of my ward.

Sr. No.	Year	Cheque No	Date	Amount	Bank Name
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Date:……/……/…….. **Name:**……

Signature:……