

UNDERTAKING

**(BY PARENTS / GUARDIANS IN CONNECTION WITH REALISATION OF ENHANCED
SCHOOL FEES IN RESPECT OF THEIR SON / DAUGHTER / WARD)**

I, _____ Father / Guardian of School No _____ Master/ Miss
_____ do hereby undertake to pay the increase in School Fees as
revised by the school from time to time in respect of my son / daughter /ward till the completion of
his /her studies in Shri Brahmanand Vidya Mandir Sainik School Chaparda, Junagadh, Gujarat
362120.

Date: _____

Signature of the Parent/Guardian

Name in full