

**WRITTEN ASSURANCE**

I, Dr..... son /daughter/wife  
of.....  
.....resident of (permanent address in  
India).....  
..... do hereby undertake to return to India upon  
completion of training in the United States and enter the practice of medicine  
in the specialty of training.

Signature.....  
Name.....  
Address.....  
Email.....  
Tel No.....  
Fax No.....

Place.....

Date.....