

S.E. Society's

**SNBP College, Yerwada, Pune-06**

Undertaking Form of Faculty for SPPU Examination

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Date:

To

The Principal,

SNBP College,

Yerwada, Pune.

I \_\_\_\_\_ is a faculty of \_\_\_\_\_  
department and my order of designation of examination is \_\_\_\_\_, declare that, I  
will perform all the exam duties & assigned tasks properly & sincerely comes under the SPPU  
Examination of \_\_\_\_\_ which assign by the Principal to me, whether it is  
inside or outside the organization throughout the examination. If any mistake or query will be  
observed now or later then I will be responsible for it.

Yours Sincerely,

( \_\_\_\_\_ )