

**Undertaking from sponsor, if the sponsor is unable to submit the entire insurance policy due to any reason:**

**Undertaking must be provided on the sponsor letter head**

Sponsor XXXX acknowledges the fact that submission of a copy of entire Insurance Policy is one of the required documents as per Table I of Third Schedule of NDCT, Rules 2019. In line with this, the sponsor has procured insurance coverage policies and has submitted a valid insurance certificate. The sponsor is not in a position to share the entire insurance policy document due to .... Reasons. Sponsor assures that a valid policy in line with Indian Insurance Regulations is available and they commit to provide complete medical management and compensation in line with applicable NDCT, Rules 2019.

**Name of the Sponsor :** \_\_\_\_\_

**By (signature)** \_\_\_\_\_

**Name (name of the signatory)** \_\_\_\_\_

**Title (Designation of the signatory)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Seal** \_\_\_\_\_