

Form No:							

AFFIDAVIT

(Tob	efurnished by Father/Mother/Guard	dian of the candidate usin	ng Rs. 50/-Stamp Paper dully attested by Notary Public)		
l	son/dau	ghter/wife of	and		
	Father Name	Grand	Father Name		
Fathe	ther/Mother/Guardian of hereby fully endorse the undertaking given				
by m	y son/daughter/ward and assure h	e/she will abide by this u	undertaking during his/her stay in the college.		
		-	any breach of the above mentioned undertaking given by		
11	ny son/daughter/ward, Mr./Miss	Student Name			
) I	Father/Moth				
'	Father Name	101/ Guardian of Wil./Wilde	Student Name		
Assur		I not indulae in politics	of any type will not be a member of any political party/		
	-	-	eting of such party/ organization or federation. I undertake		
-		_	Ilsion from the institute will be final.		
S		•	University. Note:-Admission fee & other dues paid by the per the institute of Health Sciences fee refundable policy		
			[Signature of the Father/Guardian of the student:]		
			Full Name:		
			Father's Name:		
			Nation ID card No:		
			Permanent Address:		
Vitne	ess 1 Sign		Witness 2 Sign		
	9:		Name:		
	r's Name:		Father's Name:		
	nal Identity Card		National Identity Card		
	ess		Address		
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