

**AFFIDAVIT**

I, \_\_\_\_\_ S/O/ D/O \_\_\_\_\_  
Resident of \_\_\_\_\_ do hereby solemnly declare that I will abide by the discipline, rules and regulations of Nishtar Medical College, Multan as enforced at present and made from time to time by the College authorities in future. I will concern myself only with the academic activities and such extra- curricular activities, which are allowed by the College. I further declare that I will not take part in any political or partisan activity or agitation of any kind. I will regularly pay the College dues.

If I violate the above affidavit, I shall be liable to the appropriate punishment as prescribed in the prospectus of the University of Health Sciences, Lahore.

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_

CNIC NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

Witness:-

1. \_\_\_\_\_  
Name and address with CNIC No.

\_\_\_\_\_

2. \_\_\_\_\_  
Name and address with CNIC No.

\_\_\_\_\_

Stamp and Signature of Oath Commissioner and Countersigned by the Magistrate (1<sup>st</sup> Class).

**SURETY BOND (Specimen)**

Know all men / women by these presents here that we

(i). \_\_\_\_\_  
(Name of the student with complete address)

(ii). \_\_\_\_\_ (Surety)  
(Name of the father / guardian with complete address)

do bind ourselves, our heirs, executors and administrators jointly and severally that I will serve Government of the Punjab, Health Department, as “Probationary Medical Officer / Women Medical Officer” in the primary healthcare facilities for a period of one year after completing the foundation year / house job. In case, I fail to fulfill the commitment, I shall be liable to pay on demand a sum of Rs.03 million (Rupees: thirty lac only) to Government of the Punjab, Health Department.

The condition of the above bond is that if the said student would fulfill the commitment in letters and spirit according to the Notification No. SO (ME) 9-4 /2015 (P), dated 17.08.2015, issued by Government of the Punjab, Health Department, Lahore, then the above bond shall be void and of no effect, otherwise it shall remain valid for any legal action against the said student (doctor) / surety.

Sign: \_\_\_\_\_  
(Name of father / guardian with complete address & CNIC No. as surety).

Sign: \_\_\_\_\_  
(Name of the student with CNIC No and address)

Witnesses:-

1.Sign: \_\_\_\_\_  
(Name with complete address & CNIC No.)

2.Sign: \_\_\_\_\_  
(Name with complete address & CNIC No.)

Attested by the Magistrate (Ist Class).