

**SPECIMEN OF AFFIDAVIT ON STAMP PAPER OF RS. 100/-
BY THE ALL POST GRADUATE DIPLOMA STUDENTS**

I, Dr. _____ S/O, D/O _____

Permanent Address _____

Now residing at _____

do hereby solemnly affirm and declare on oath that:

1. I will attend the _____ course as regular full-time student for the whole year i.e. from _____.
2. I will not absent myself from classes without permission from the Convener / Vice Chancellor, Nishtar Medical University, Multan.
3. I will not do any private practice or any other job and will whole heartedly devote myself to postgraduate studies to the entire satisfaction of the Professors / Head of the Department and the Vice Chancellor.
4. I am domiciled in Punjab.
5. I clearly understand that if I am found violating these rules, I shall be liable to be expelled from the course.
6. I understand that if for any reason the diploma course has to be stopped (due to any unforeseen circumstances) at any time during the academic year, the University will have no liability and I shall not claim any compensation.
7. All information given in the application form is correct and nothing has been concealed. If any claim / statement is found to be incorrect, I shall be liable to expulsion from the course and legal proceedings against me.
8. I will not claim for the Hostel accommodation.

Place:

Deponent

Dated:

Name _____

Student of _____ Post Graduate diploma

Seal of 1st class Magistrate.

**AFFIDAVIT FOR CANDIDATE WHO ARE NOT IN GOVERNMENT SERVICE
SPECIMEN OF AFFIDAVIT ON STAMP PAPER OF RS. 100/-**

It is certified that I _____ S/O, D/O,
_____ is sponsored by
_____ for my 2 years Post Graduate Diploma training in Nishtar
Medical University, Multan. I have nothing to claim for my stipend from Nishtar Medical University,
Multan, during the course of my training.

Signature of Trainee: _____

Thumb Impression: _____

Name: _____

CNIC No. _____

Dept: _____

Dated: _____

Sponsor, Signature & Stamp

COUNTERSIGNED

Training Officer

Concerned Supervisor

Seal of 1st class Magistrate.

AFFIDAVIT

I, Dr. _____ S/O, D/O _____

Permanent resident of _____

CNIC No. _____ do hereby solemnly affirm and declare on oath that.

1. I am regular Govt. / Semi Govt. servant.
2. I have applied to the Secretary Specialize Health Care & Medical Education Department for NOC / EOL for two years / deputation / placement in Nishtar Medical University, Multan through letter No. _____, dated _____.
3. If I am allowed to join the _____ course at Nishtar Medical University, Multan, I assure that I will submit the relevant permission documents from the competent authority NOC / EOL for two years / deputation / placement in Nishtar Medical University, within seven (07) days of display of merit list.
4. I have nothing to claim for my stipend from Nishtar Medical University, Multan, during the course of my training.
5. If I do not submit my NOC / EOL for two years / deputation / placement orders at Nishtar Medical University, Multan, within seven (07) days of display of merit list, my admission in the course applied at university will stand cancelled and I will have no right to proceed to any Court of law against the cancellation of my admission against the university Administration.
6. I would join the course at declared dates by the University, and would myself be responsible for getting relief / leave from my previous work place.
7. If at any time, it comes to the knowledge of the Vice Chancellor that I am doing service in any Govt. Deptt. / Semi Govt. Deptt. / Private sector or I am indulging in private practice, the Vice Chancellor reserve the right to cancel my admission and I shall have no right to proceed to the Court of Law.

Place:

Deponent

Date:

Name _____ S/O _____

Student of _____ Post Graduate diploma

Seal of 1st Class Magistrate.