**TO BE PRINTED ON RS.300/- STAMP PAPER**

**(ATTESTED BY THE NOTARY PUBLIC)**

**AFFIDAVIT**

**I Mr. / Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D/O, S/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**R/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ solemnly declares that:**

1. I undertake that I will not indulge myself in any political and mischievous activity inside the College, Hospital and Hostel premises.
2. I undertake that I will not be a part of any unlawful activity in the College, Hospital and Hostel premises.
3. I undertake that I have been fully informed that University of Health Sciences criteria for attendance is **85%**. I will not object or agitate in any forum if my admission for Professional examination is withheld due to shortage of attendance.
4. I undertake that I will not post anything which is against any student, college, functionary or the Government on the social media like face book & Twitter etc.
5. I also solemnly declare that I will abide by the discipline, rules and regulations of College/Hostel authorities enforced at present and made from time to time by the College authorities.
6. I hereby authorize the College administration to penalize me if I do not observe the rules & regulations mentioned in the prospectus.

I solemnly affirm that the above declaration / undertaking is true to the best of my knowledge and without any coercion and is being given under free will.

**DEPONENT**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of the candidate)

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Dated: **\_\_\_\_\_\_\_\_\_\_** Phone: **\_\_\_\_\_\_\_\_\_\_**

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Signature of student’s Father / Guardian)*

Father/Guardian‘s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Father/Guardian CNIC No:\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ANNEXURE-B**

**TO BE PRINTED ON RS.300/- STAMP PAPER**

**(DULY ATTESTED BY THE JUDICIAL MAGISTRATE FIRST CLASS)**

**SURETY BOND**

1. It is certified that Mr / Ms.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(student name)

D/O, S/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a permanent resident of District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, solemnly declare that:-

1. I am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N.I.C \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will serve

(Student name)

Government of the Punjab Health Department, as “Probationary Medical Officer / Women Medical Officer” in Primary Health Care facilities for a period of one year after completing the foundation year / house job. In case, I fail to fulfill the commitment, I will be liable to pay Rs: three (3) million to the Government.

1. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ N.I.C No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ solemnly

(Father/Mother/Guarantor ‘s Name)

declare that the statement made above by my son/daughter / spouse is true and in case of violation I and my son / daughter / spouse will be liable to any legal action.

1. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ solemnly declared that my son / daughter / spouse will

(Father/Mother/Guarantor ‘s Name)

serve Government of the Punjab Health Department, as “Probationary Medical Officer / Women Medical Officer” in Primary Health Care facilities for a period of one year after completing the foundation year / house job. In case, of violation I will be liable to pay Rs: three (3) million to the Government of Punjab on account of my son / daughter / spouse as a fine or my son /daughter / spouse will be liable to any legal action which the government may deem fit to take.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name & Signature of Student) (Name & Signature of Surety)**

**CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witnesses-1 witnesses-2**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Witnesses) (Signature of Witnesses)**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(ATTESTED BY THE JUDICIAL MAGISTRATE FIRST CLASS)**