

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: _____

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(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:-
2. 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.
3. 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.
4. 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)

**DATA ENTRY FOR FIRST YEAR MBBS CLASS SESSION 2024-2025
QUAID-E-AZAM MEDICAL COLLEGE BAHAWALPUR.**

Paste recent
Photograph
with sky Blue
background

Name of student _____
 Father's Name _____
 Sex _____ Religion _____ Date of Birth _____ Cast _____
 Father's Occupation with full detail _____
 If Govt. servant, Basic Pay Scale _____ Designation _____
 Father's Total Income from all Sources _____ per Annum.
Detail of Family Members:-

S#.	Name	Age	Relation	Profession
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Guardian Name _____
 Guardian Occupation with full detail _____
 If Govt. servant, Basic Pay Scale _____ Designation _____
 Guardian Total Income from all Sources _____ per Annum.
 Nature of seat _____ Domicile _____

Are you willing to stay in Hostel

Yes

No

Permanent Home Address

Temporary Home Address

Address _____

Address _____

Police Station _____

Police Station _____

Tehsil: _____

Tehsil: _____

District: _____

District: _____

Phone No. (Res) _____

Phone No. (Res) _____

Mobile No. _____

Mobile _____

Whatsapp No. Candidate.

Whatsapp No. Parents.

Selection List No. _____

Roll No. allotted by QAMC _____

Signature of Candidate _____

Note:- Any statement/document found false/incorrect, necessary disciplinary action will be initiated against the candidate under rules.

P.T.O

Specimen Signature of student : _____

Specimen Signature of student : _____

Specimen Signature of student : _____