

National University of Medical Sciences, Islamabad.

Admissions First Year MBBS/BDS Session 2024-25 in

NUMS Affiliated & Armed Forces Administered Attached Medical & Dental Colleges

UNDERTAKING

Duly signed and scanned Undertaking on plain paper

1. I Mr./Ms. _____ S/D/O
_____ solemnly declare that all the particulars mentioned in the Application Form are TRUE and CORRECT and I fully understand that if any of the statements made in the application is found to be incorrect or any document produced with this form is found false/fake/fabricated, I would be liable to refusal for admission to the medical/dental institution, if otherwise eligible for admission and admitted, would be liable to be expelled from the institution at any time during the course of my studies in which case all fee and other dues paid by me to the institution shall be forfeited besides initiation of any action under law including criminal proceedings against me.
2. I agree that submission of this Application Form does not confer any right on me in respect of selection for admission, which shall only be granted on merit.
3. I understand that once I have submitted my preferences/choices for programs/colleges, they are considered final and cannot be modified. This information will remain unchanged and will be utilized throughout the admission selection process for the first-year MBBS/BDS program for the present academic year.
4. If selected in NUMS Affiliated Colleges, I will deposit Rs. 250,000/- to NUMS to confirm my provisional admission. Failure to submit the required fee by the specified deadline will result in the automatic cancellation of my selection and any further upgradation process.
5. I also acknowledge that option for upgrading will remain available only if I deposit the required college fee and other dues by due date, in the designated college when directed. Failure to do so will result in cancellation of admission.
6. In case of upgradation (in subsequent merit lists) to the college ranked higher in my preference, I consent to mandatory relocation to that college. I understand that no exceptions will be granted under any circumstances.
7. I shall disclose NUMS if I have already secured admission to any other public/private medical/dental college at the time of present admission offer. Likewise, I will promptly notify NUMS for refund if I

secure admission to any other public or private medical or dental college. I understand that holding seats in more than one college will result in the cancellation of all my admissions.

8. When already admitted in any public/private medical and dental college, I shall not claim admission through vacant seat policy of PM&DC to any NUMS affiliated/attached college.
9. In case of getting nomination on special category seat, I shall notify NUMS promptly to cancel the admission from open merit seat.
- 10.

(Signature of the Applicant)

C.N.I.C No. _____

Contact No. _____

(Signature of Father /Guardian)

C.N.I.C No. _____

Thumb Impression

(Left Thumb for Male and Right for Female)

Date _____ Phone _____