

**UNDERTAKING / AFFIDAVIT**

**For Enrollment in Health Care Assistant (HCA) Program**

I, \_\_\_\_\_, son/daughter of \_\_\_\_\_ currently residing at \_\_\_\_\_ and holding Nationality \_\_\_\_\_ do hereby solemnly affirm and undertake as follows:

1. That I have willingly applied for and enrolled in the **Health Care Assistant (HCA) Program** at \_\_\_\_\_ commencing from March 2026.
2. That I fully understand the duration, requirements, and expectations of the program, and I undertake to complete **a minimum of one (1) full year** of study and training as required by the institution.
3. That I will **not withdraw**, quit, or leave the program before completing one year from the date of enrollment, under any circumstances, including but not limited to personal, academic, financial, or professional reasons.
4. That I acknowledge and accept that **all tuition and associated program fees are non-refundable** once I have enrolled and commenced the course, regardless of my continuation or withdrawal from the program due to any reason
5. I understand that if I fail the HSSC examination (currently result awaited), the Institute may cancel my admission at any point, and I will not be entitled to any refund of the deposited fee.
6. That in the event of voluntary withdrawal or failure to comply with the above undertaking, I shall forfeit all claims to a refund of fees paid and may be subject to institutional penalties or restrictions as per university policy.
7. I will abide by all the rules and regulations of the university
8. That this undertaking is binding, irrevocable, and made with full knowledge of its implications.

**Declared and signed on this \_\_\_ day of \_\_\_\_\_, 2026, at \_\_\_\_\_ . City/Province**

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**Signature of Student:** \_\_\_\_\_

**Full Name:**

**Date of Birth:**

**Contact Number:**

**Email Address:**

**Witnessed by:**

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

Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_