

UNDERTAKING (Template)

(To be submitted on Rs.100/- Stamp 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 and shall be debarred from admission for a period of 7 years besides initiation of any action under law including criminal proceedings against me.

2. I have gone through the Pakistan Medical and Dental Council (MBBS and BDS admissions, house job, internship) Regulations 2018 and I undertake to abide by all conditions.
3. I also solemnly declare that, if admitted, I will abide by the discipline, rules, and regulations of the institution as enforced at present and made from time to time by the institution authorities in future. I will concern myself only with the academic activities and such extracurricular activities, which are allowed by the institution for the healthy growth of body and mind. I undertake that I will not take part in any political activity or agitation and I will not become a member of any student wing of political, sectarian or caste-based parties of Pakistan. In matters of discipline, the decision of the head of the institution will be final and binding on me and I will not challenge that decision in any court of law in the country. I will be regular in paying institution's dues and will be punctual in attending my classes. I will not absent myself from teaching programmes without prior permission of the authority.
4. I undertake that so long as I am a student of the institution, I will do nothing either inside or outside the institution, hostels and hospital premises that may interfere with its orderly administration and discipline or may bring the institution or its administration into disrepute.
5. I understand that the choices for colleges/institutes submitted by me in this Application Form are final and no subsequent change is permissible.
6. 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.
7. I understand that in case of failure to join the college or deposit fee by due date, my admission shall stand cancelled automatically.
8. I solemnly declared that if admitted to a private medical / dental institution, I shall submit a wealth statement of either parent/guardian equivalent to five years' tuition fee, income tax return of either parent/guardian and shall also submit insurance certificate to ensure the payment of fees for the remaining duration of the course in case of demise of parent/guardian.

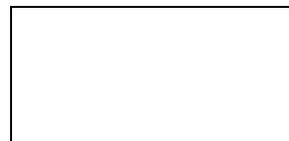
(Signatures of Father /Guardian)

(Signatures of the Applicant)

Father /Guardian Name: _____

(Name of the Applicant)

C.N.I.C No.: _____



Thumb Impression

(Left Thumb for Male and Right for Female)

Dated _____ Phone _____