



National University of Medical Sciences, Islamabad.

Centralized Admission First Year MBBS/BDS Session 2020-2021 Private Sector Medical & Dental Colleges

UNDERTAKING

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 fully understand and acknowledge para 6 of Admission Regulations (Amended) 2020-21 issued by Pakistan Medical Commission, Islamabad as under: -
“Any students whose degree is not duly verified by the granting institution or credentials are found to be false or forged shall have the admission terminated with immediate effect. A student who is found to have forged their high school leaving certificate / degree or presented a false document shall be barred from applying to any medical or dental college in Pakistan in the future. Provided further a student whose admission is terminated on account of having submitted a forged or false document at the time of seeking admission shall have any fee paid to the college forfeited and deposited by the college with the Commission, and which shall be used by the Commission for granting scholarships to deserving students on need basis.”
3. 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.
4. I understand that in case of failure to join the college or deposit fee by due date, my admission shall stand cancelled automatically.

(Signatures of the Applicant)

C.N.I.C No. _____

(Signatures of Father /Guardian)

C.N.I.C No. _____

Thumb Impression

(Left Thumb for Male and Right for Female)

Dated _____ Phone _____