

National University of Medical Sciences, Islamabad.

CMH Multan Institute of Medical Sciences Dental Section

Admissions Open for First Year BDS-Session 2021-22

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.
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)

(Signatures of Father /Guardian)

C.N.I.C No. _____

C.N.I.C No. _____

Thumb Impression

(Left Thumb for Male and Right for Female)

Dated _____ Phone _____

Duly signed and scanned Undertaking on plain paper