

ANNEXURES

ANNEXURE-I

AFFIDAVIT (Specimen)

(To be submitted on minimum Rs.20/- Stamp Paper)

1. I solemnly declare that all the particulars mentioned in the admission 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 false/fake, 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 any further departmental or legal action which the Government may deem fit to take.
2. I am NOT already admitted to any medical/dental institution of the country, and if admitted, I will forgo my earlier admission and apply afresh.
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 fully understand that if I fail to clear the first and second professional M.B.B.S./ B.D.S. examination in four chances, availed or un-availed, after becoming eligible for each examination, I shall be expelled and shall not be eligible for continuation of studies.
6. I fully understand that there is no provision in the examination regulations for award of grace marks and promotion on carry on basis i.e., promotion to next higher class without passing the subjects of previous class in totality.

If I violate the above affidavit, I shall be liable to appropriate punishment(s) prescribed in the prospectus of the Government medical/dental institutions of the Punjab.

(Signatures of the candidate)

(Name of the candidate)

Address: _____

Dated _____ Phone _____

Signatures of student's father /guardian)

Father /Guardian Name: _____

C.N.I.C No.: _____

ATTESTATION BY FIRST CLASS MAGISTRATE

SURETY BOND (Specimen)

(To be submitted on minimum Rs.20/- stamp paper for admission against under developed districts' seats)

1. It is certified that Mr./Ms. _____
_____ S/O, D/O, _____ is a permanent resident of district _____.
2. I (student) solemnly declare that if admitted in MBBS/BDS against reserved seats of district _____, I will serve in my district for five years after graduation or in default I will be liable to pay Rs.5,00,000/- to the Government of the Punjab in addition to any other amount pledged by me at the time of admission.
3. I solemnly pledge that in case I am admitted against Open Merit as well as Reserved Seat, I will avail only one seat by my choice and let the other seat forgo, by submitting a written statement.
4. I (father) solemnly declare that the statement made above by my son/daughter is true and in case of violation the candidature/admission of my son/daughter will be cancelled.
5. I (father) solemnly declare that after graduation, my son/daughter will serve in the district _____ for five years and in case of violation I will be liable to pay Rs.5,00,000/- to the Government of the Punjab in addition to any other amount pledged by him/her on account of my son/daughter as a fine or my son/daughter will be liable to any legal action which the government may deem fit to take.

Witness-I:_____
Signature of the candidate_____
Name of the candidate**Witness-II:**_____
Signature of the father/guardian_____
Name of the father / guardian

ANNEXURE-III

AFFIDAVIT (Specimen)

(To be submitted on minimum Rs.20/- stamp paper by a candidate already admitted in any medical/dental institute of the country)

I, Mr/Ms. _____ S/D/O _____ solemnly declare that I am admitted in _____ year class of MBBS/BDS in (Name of the college) , (City) . However, I am desirous of getting admission in a Government Medical/Dental Institution of the Punjab on merit.

I solemnly pledge that if offered admission to First Year class of a Government Medical/Dental Institution of the Punjab, I will forgo my previous admission, any credit of examinations passed and previously paid dues.

I also declare that I have not been expelled/debarred for admission under any provision of the prospectus.

I also declare that I have paid the full self-financing fee for an additional year (if earlier admission was on self-financing seat).

Signature of the candidate

Name of the candidate

Signature of the father/guardian

Name of the father / guardian

Verification by Principal of the college

Sign: _____

Name: _____

Official Stamp: _____

Date: _____

ANNEXURE-IV

CERTIFICATE FROM OVERSEAS PAKISTANIS FOR ADMISSION OF THEIR CHILDREN ON RESERVED SEATS IN PUBLIC SECTOR MEDICAL/DENTAL COLLEGES OF THE PUNJAB

(PLEASE FILL IN BLOCK LETTERS ONLY – TO BE SUBMITTED IN ORIGINAL)

The Government of the Punjab has reserved 76 seats (72 MBBS and 04 BDS) in Government Medical and Dental Institutions of the Punjab for Children of Overseas Pakistanis/Dual Nationality Holders of Pakistani Origin. To ensure that these seats go to the rightful claimants, the **Overseas Pakistani parents (real father and/or mother)** of the applicant are required to produce this certificate from the Embassy of Pakistan in the country in which they are working.

University of Health Sciences (UHS) Lahore, Pakistan will be obliged to the respective Pakistani Embassies for their co-operation in providing the following information.

Embassy of the Islamic Republic of Pakistan in (Country) _____

Name of Pakistani Citizen Residing in the Jurisdiction of the Embassy: _____

Father's Name of Pakistani Citizen: _____

Passport No.: _____ Date of Issue: _____ Date of Expiry: _____

Stay in that country since: _____

CNIC/NICOP No: _____

Date of Issue of Visa/ Residence Permit: Work OR Visit _____ Date of Expiry: _____

Profession/Occupation: _____

Present Address: _____

Signature of Father/Mother

**Authorized Signature
Embassy of Pakistan
(Official Embossed Seal)**

Date: _____ / _____ /2018

Name of Applicant for Admission to Public Sector Medical/Dental Colleges of the Punjab _____

Relationship of Applicant with Pakistani Citizen Whose Credentials are given above: (Son/
Daughter)

IMPORTANT INSTRUCTIONS

- Parents means real father and/or mother.
- Incomplete Form/Form without documents shall not be acceptable in any circumstances.

WARNING

- Fake / tempered documents shall be rejected and such students will be black listed and they will be debarred from admissions into any medical/dental college of Pakistan for a period of Seven (07) years.

ANNEXURE-V

CERTIFICATE

(To be provided on Official Letter Head of Cholistan Development Authority, Bahawalpur)

No. _____

Dated: _____

It is certified that antecedents reported below are correct and duly verified by our field staff:

Name of the Candidate: _____

Father's Name: _____

Resident of (Full Postal Address): _____

Cholistani by Birth		Actual Residence in Cholistan	
Verified	Not Verified	Verified	Not Verified

Remarks (if any): _____

Managing Director
Cholistan Development Authority,
Bahawalpur



Medical Fitness Certificate

Name: _____

Father's Name: _____

Gender: _____

Age: _____

(Photograph)

1. Weight: _____ (kg) Height _____ (cm) BP _____

2. Blood group: _____ 3. Lungs: _____

4. Heart: _____ 5. Vision: Left Eye _____ Right Eye _____

Details of Glasses (if worn): _____ 6. Hearing: _____

7. Any Impediment in Speech: _____

8. Any Disability: _____

9. Any Neurological / Psychiatric disease, (if yes, please give details). _____

10. Suffering from Hepatitis B / Hepatitis C / HIV (AIDS) _____

11. Any significant Disease Diagnosed in the past: _____

12. Vaccinated (Yes/No/Partially). _____

13. Taking any medicine on regular basis (if yes, please give details). _____

14. Allergies if any: _____

15. Any Communicable / Contagious Disease: _____

16. Mark of Identification: _____

I certify that I have examined Mr / Ms _____

Son / Daughter of _____ who is an applicant for

admission to MBBS/BDS Program in Government Medical/Dental Colleges of Punjab and could

not notice that he / she has any physical or mental disease and is FIT for undertaking studies.

Signature of Doctor with legible seal_____
Signature of Candidate (In presence of Doctor)

PM&DC No: _____

Dated: _____

Dated: _____

