

# AFFIDAVIT

( 1 0 0 R s / - S t a m p P a p e r )

I \_\_\_\_\_, Aged about - \_\_\_\_ Years. Occupation- \_\_\_\_\_, R/o \_\_\_\_\_, take oath and hereby solemnly affirm that the following statements made by me are true to the best of my knowledge and belief.

1. My son/daughter and myself are citizens of India.
2. My son/daughter \_\_\_\_\_ has completed 17 years of age/ will be completing 17 years of age on / before 31st Dec. 2022. My son /daughter studied in class XI and XII in India and has passed a qualifying examination in the subjects of Physics, Chemistry and Biology individually and has obtained 50% marks together in these subjects and he/she has also passed in the subject of English. He/she has passed all the four subjects.
3. Myself and my son/ daughter has studied and understood the Rules governing the admission procedure, fee structure etc. and we agree to abide by these rules, if admitted to DMIHER (Deemed to be University). Myself and my son /daughter will abide by all its Rules and Regulations, especially those regarding discipline, attendance, examinations and payment of fees. I understand that failure to comply with the Rules and Regulations will invite an appropriate disciplinary action from the Institution Authorities against my son/ daughter.
4. My son/ daughter will not involve herself/ himself in any action of ragging during the course of his /her education in this Institute. We understand the involvement in ragging is a cognizable offence and will result in police action which would result in cancellation of the admission of my son / daughter to the course. In that case myself/ my son / daughter shall pay the Tuition Fees of entire duration of the course.
5. I undertake to submit a similar affidavit for my son/ daughter after completion of 18 years of his /her age.

Place: \_\_\_\_\_

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

**DEPONENT**

## VERIFICATION

Verified that the contents of above affidavit true and correct to the best of my knowledge hence verified and signed at Nagpur. If the information is found false then the deponent shall be liable for prosecution under relevant sections of I. P. C.

**DEPONENT**

**I know the Deponent**



# Format For Certificate Of Medical Fitness

( ON DOCTOR'S LETTER HEAD )

This is to certify that I have conducted clinical examination of Mr./Ms.....  
..... who is desirous of admission to  
the course in Health Sciences.

He/She has not given any personal history of any disease incapacitating him/her to undergo  
the professional course. Also, on clinical examination it has been found that he/she is medically fit  
to undergo the professional course.

Certified further, that he/she has not shown any evidence of major defects of posture,  
locomotion, vision, hearing or any other systemic disorder.

Though, following deviations have been revealed, in my opinion, these are not impediments  
to pursue a career in Medicine/ Dentistry.

1.

2.

3.

## REGISTERED MEDICAL PRACTITIONER

Seal & Signature : \_\_\_\_\_

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

Registration No. : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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