Affidavit Kabal Institute of Medical Sciences (KIMS)

I Mr. /Miss. /Mrs. _____Son/Daughter/wife of _____
Resident of _____, do hereby undertake that: -

1. The information given and the documents attached in/with the application form are correct and no information asked for has been concealed. No information is false / fake and tampered which in its original form would have rendered me ineligible for admission.

2. I shall attend more than 75 % of the specified lectures, seminars, assignments, tests and practical's with effect from the commencement of each academic year, failing which my name may not be sent to the Board/university/ council for Examination.

3. I can be stopped from appearing in the Board examination on account of shortage of lectures as per the Board/University rules, poor academic performance, failure to pass the Send Up Test or inability to submit the prescribed "no dues certificate"

4. I agree that I will not be promoted to the next higher class, until I have cleared all the subjects of the previous class of the course.

5. I will not indulge in politics or seek membership or attend meeting of any political party/organization/student federation /union.

6. I fully understand that if there is any dispute between me on the one hand and the administration of the KIMS on the other, regarding my involvement in a disciplinary or a political matter or regarding the imposition of any penalty or damages on me, the matter shall be referred to the Dean /Principal as the sole arbitrator and his decision shall be final not be called in any court of law.

7. I will abide by the decision of the Board / University / KIMS authorities in case I am found guilty of ill-discipline, defamation, and disrespect to a Teacher / officer/staff of the KIMS or having committed other anti-institutional activities. I shall not stage incite, participate in or indulge in any walkout strike or other form of agitation against / for the College, faculty members, officials or staff.

8. I will arrange boarding on my own in case of non-availability of hostel accommodation and if provided hostel accommodation, I will abide by the hostel rules and regulations. I will only myself reside and will not hand over the same to anyone else. In case of violation/abuse of procedure, I will deem myself as well as the person, who was illegally residing by my name, liable to strict disciplinary action/cancellation of hostel card etc. I will vacate the hostel room when withdrawn by the college authorities.

9. I have read the prospectus of the KIMS and I am fully aware of the requirements of its_____ program. I will abide by the rules and regulations of the KIMS and will pay fee and all other dues regularly on or before the stipulated dates. In case of noncompliance, I will stand liable to pay the fine or late fee and even be struck off the college rolls.

10. I agree to follow the rules and regulations of the KIMS enforced presently and hereafter, and new rules to be made by the Government of Pakistan, the Higher Education Commission, Educational Boards and Authorities. I will not go to any court of law against the rules and regulations presently enforced or hereafter. I will do nothing inside or outside the College premises, which may interfere with the administration and discipline of KIMS.

11. I agree that KIMS may impose fine/penalty of 1%, if I fail to deposit due fee by 7th of each month, or may expel me if I fail to deposit my fee dues for two consecutive months. If I cancel or drop my admission, I will be responsible to pay my all fee.

12. I understand that my failure to observe the above-mentioned undertaking would result in cancellation of my admission and that the decision of the KIMS in this regard will be final and shall not be challengeable in any court of law and I will not be entitled to claim refund of any of the fees/dues paid by me to the College for the academic year. I agree that deposited fee is never refundable.

DEPONENT
Signature of the Student: _____ Thumb Impression_____

Name: _____ Father's Name: _____
NIC No: | | | | | | - | | | | | | | - | |

To be filled by Father /Guardian of the student

I _____ S/o _____father /Guardian of _____hereby fully agree and accept the above undertaking and decisions.

Deponent:
Dated: _____ Signature of Father / Guardian of student_____
Name: _____ Father's Name: _____
NIC No: | | | | | | - | | | | | | | - | |

Witness: 1
Name: _____

F/Name: _____

C.N.I.C: _____

Address: _____

Witness: 2
Name: _____

F/Name_____

C.N.I.C_____

Address: _____

Note: - KIMS stands for Kabal Institute of Medical Sciences.