

AFFIDAVIT FORMAT

I, son/daughter of hereby solemnly affirm that the following statements made by me are true to the best of my knowledge and belief.

- A) I am a citizen of India
- B) I have completed 17 years of age/will be completing 17 years of age on
- C) I have studied in class 12th / HS in India and have passed a qualifying examination in the subjects of Physics, Chemistry and Biology individually and have obtained 50% (40% since I belong to SC/ST category) marks together in those subjects and I have also Passed in the subject of English.
- D) I have studied and understood the rules governing counseling, admission procedure, fee structure and agree to abide by these rules.
- E) If admitted to any of the Institution of the ICARE Institute of Medical Sciences and Research & Dr. Bidhan Chandra Roy Hospital, Haldia under The West Bengal University of Health Sciences, Govt. of West Bengal, I 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 and appropriate disciplinary action from the institutional authorities.
- F) I will not involve myself in any action of ragging during the course of my education in this University. I understand that involvement in ragging is a cognisable offence and it will result in police action and would result into cancellation of my admission to the course.

Name of the candidate:.....

Date:

Place:

Signature of the candidate

I, The Father/Mother/Guardian of an application for admission to course at ICARE Institute of Medical Sciences and Research & Dr. Bidhan Chandra Roy Hospital, Haldia under The West Bengal University of Health Sciences, Govt. of West Bengal, hereby solemnly affirm that all the above statements made by son/daughter/child are true to the best of my knowledge and belief. I have read all the rules governing the process of entrance test, counseling, admission and fee structure of NEET/WBJEE(M) 2016 and agree with them and will abide by the rules. I will be responsible for the payment of his/her fees on time and for his/her conduct.

Name of the Parent/Guardian:

Relationship to candidate:

Date:

Address with Phone No. :
.....

Signature of the Parent / Guardian

VERIFICATION

Verified that contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified this
..... Date of month of
..... year.

.....
Signature of deponent

Solemnly affirmed and signed in my presence on this Day of
..... month of Year after reading the
contents of this affidavit.

(Notary public)