

AFFIDAVIT

I _____ S/o, D /o _____ R/o _____, do hereby solemnly affirm and declare on oath as under.

1. That I am permanent resident of U.T Jammu and Kashmir.
2. That I have taken admission in ROYAL INSTITUTE OF PARAMEDICAL SCIENCES, Darind Ganderbal for the course _____ for session _____.
3. That I am not employed in any institute either private or govt.
4. That I am not on rolls in any educational institute either private or govt.
5. That all the certificates / documents are genuine which I have submitted before the concerned department.
6. That I submit this affidavit under free will and without any coercion or misrepresentation.
7. That I strictly adhere the rules and regulations of the university.
8. That I shall abide by all the rules and norms of the institution in order to maintain the decorum and discipline of the institution.
9. That the averments made in this affidavit are true and correct to the best of my knowledge and belief.
10. That I am obtaining admission in Royal institute of paramedical sciences Darind Nagbal Ganderbal, Affiliated with J & K State Nursing Council and University of Kashmir, on my own responsibility on account of Indian Nursing Council (INC) suitability certificate which has not been received yet.
11. That I hereby undertake that I shall not create, operate, or use any social media account, page, group, or handle in the name of institution. If I am found doing so, I shall be liable for disciplinary action by the college and any action as per applicable Cyber laws.
12. I hereby undertake that if I discontinue my course, withdraw my admission, or apply for cancellation of admission before completion of the degree programme, I shall be liable to pay the fee for the entire duration of the course. My admission shall be cancelled only after clearance of all applicable dues.

DEPONENT

VERIFICATION: That the above-mentioned statement is true and correct to the best of knowledge and nothing has been concealed therein. Date: ____ / ____ / ____.

DEPONENT

Identified by: -