

FOR MBBS Course Only

Compulsory for all Candidates

Affidavit of the parents/ guardian(s) to be attested by an Executive Magistrate

Certified that I _____ Father/ Mother / Legal
Guardian of Miss/ Mr. _____ resident of
_____ (full address to be given)

Do hereby undertake that :

1. That I am a citizen of India.
2. That my child/ward has not opted and claimed the benefit of Residence for admission in MBBS in a State/UT other than UT Chandigarh for State Quota Seats.
3. That the above said information is true to the best of my knowledge and nothing is concealed herein. If at any stage, the information provided is found false/ wrong, the admission of my son/ daughter/ ward is liable to be cancelled.

Signature of Parent/ Guardian

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Relationship with the Candidate

Name -----,

Address-----

Signature of the candidate

Name of the candidate _____

Seal: Executive Magistrate