"TO BE ATTESTED BY FIRST CLASS MAGISTRATE"

(Affidavit by Student himself/herself - age above 18 years)

AFFIDAVIT TO BE TYPED ON STAMP PAPER OF RS. 100/-

I, the a	Affidavit of Mr./Msbove named deponent do here	by solemnly affirm	and declare as under:	bile No		
	That I					
2.	That the deponent is bound to deposit the requisite bond/fee amount of Rs. 9,20,000/- for academ year 2022-23 as 1 st year student in Haryana Govt. Medical Education and Research Department with in fifteen (15) days.					
3.	That the deponent is duty bound to deposit the bond/fee amount money in Haryana State Financial Services Limited, Panchkula, Accounts No. 2084104000022987, IFSC Code IBKL0002084, Branch address - IDBI Bank Sector-16, Panchkula within 15 days and the deponent shall make arrangement for requisite bond/fees amount at my own level either by education loan from bank or from my own sources.					
4.	That if the deponent will not be able to get education loan to pay the requisite bond/fee amount money then I shall arrange money from my own sources.					
5.	That the Admission of deponent to MBBS course is purely provisional & subject to deposition of requisite bond/fee amount money in 15 days grace period and that the admission of deponent is conditional and will be confirmed only on the deposition of requisite bond/fee amount within stipulated time of 15 days, failing which my admission will be cancelled.					
6.						
7.	That in future the deponent will not claim anything in this matter and he/she will not file any litigation in the matter.					
8.	That the statement is true and correct.					
	Declared this	day of	month of	year.		
Deponent			Signature: Name:			
		VERIFICAT				
	Verified that the contents of of it is false and nothing has be	para no. 1 to 8 of my	y affidavit are true and corre in.	ct to my knowledge,		
Place:						
Depon	ent		Signature: _			
1.	Signature of Witness Name & Address of Witness Tel No. Mobile No. Aadha		1. Signature of Surety Name & Address of Tel No. Mobile No.	Surety Aadhar No.		
2.	Signature of Witness Name & Address of Witness Tel No. Mobile No. Aadhar N	0.	2. Signature of Surety Name & Address of Tel No. Mobile No.	Surety Aadhar No		

"TO BE ATTESTED BY FIRST CLASS MAGISTRATE"

(Affidavit of Parents on behalf of student - age below 18 years)

AFFIDAVIT TO BE TYPED ON STAMP PAPER OF RS. 100/-

Resid	Affidavit of Mr. /Mrs			(Minor)		
do her	I, the above named deponent reby solemnly affirm and declare		of Mr./Ms	(Minor)		
1.	Aadhar No PA allotted Pt. B. D. Sharma PGI	at I				
2.	That the deponent is bound to deposit the requisite bond/fee amount of Rs.9,20,000/- for academic year 2022-23 for 1st year student Mr./Ms					
3.	That the deponent is duty bound to deposit the bond/fee amount money in Haryana State Financial Services Limited, Panchkula, Accounts No. 2084104000022987, IFSC Code IBKL0002084, Branch address - IDBI Bank Sector-16, Panchkula within 15 days and the deponent shall make arrangement for requisite bond/fees amount at my own level either by education loan from bank or from my own sources.					
4.	That if the deponent will not be able to get education loan to pay the requisite bond/fee amount money then I shall arrange money from my own resources.					
5.	That the Admission of deponent to MBBS course is purely provisional & subject to deposition of requisite bond/fee amount money in 15 days grace period and that the admission of deponent is conditional and will be confirmed only on the deposition of requisite bond/fee amount within stipulated time of 15 days, failing which my son/daughter admission will be cancelled.					
6.	That the deponent agrees to deposit the requisite bond/fee amount money with my own free will and shall not be aggrieved on cancellation of admission of my son/daughter in case of non-deposit of bond fee amount money as the condition of incentivisation policy dated 06.11.2020 of Govt. of Haryana, Department of Medical Education & Research, Panchkula.					
7.	That in future the deponent will not claim anything in this matter and he will not file any litigation in the matter.					
8.	8. That the statement is true and correct.					
	Declared this	_ day of	month of	year.		
Deponent			Signature: Name:			
		VERIFICATION	Y			
oart of	Verified that the contents of pair it is false and nothing has been of		y affidavit are true to best o	f my knowledge, no		
Verifie	d					
Deponent		Signature:				
1.	Signature of Witness Name & Address of Witness Tel No. Mobile No. Aadhar No		1. Signature of Surety Name & Address of Tel No. Mobile No. Aa	Surety dhar No.		
2.	Signature of Witness Name & Address of Witness Tel No. Mobile No. Aadhar No.		2. Signature of Surety Name & Address of Tel No. Mobile No. A	Surety adhar No.		