

**UNDERTAKING / AFFIDAVIT BY**  
**STUDENT AND PARENT / GUARDIAN**

I \_\_\_\_\_ s/o, d/o \_\_\_\_\_ CNIC# \_\_\_\_\_ resident of \_\_\_\_\_ do hereby solemnly undertake that:

1. All documents submitted by me for admission at Abu Zafar Institute of Medical Sciences, Karachi are genuine true and correct and no false or fabricated document is enclosed. If any document/information is found at any stage to be false fabricated or incorrect, my admission is liable to be cancelled, without notice at the sole discretion of the management.
2. I understand that non submission of any required document in due course of time will lead to the cancellation of admission and this is solely my responsibility to submit all required documents in time even enrolment and examination form at Institution.
3. I will not be involved in any malpractice or use of any unfair-means related to my studies and examinations during my stay at Abu Zafar Institute of Medical Sciences, Karachi as student. If found guilty of the same the faculty and management has the right to expel, rusticate or impose any penalty or award any punishment, as deem fit.
4. I will not join any political group or party or involve myself in any political activity directly or indirectly throughout my stay as student at Abu Zafar Institute of Medical Sciences, Karachi
5. I will ensure my punctuality at the classes and clinical rotation as per time table announced by the Institution. I have also read and understood the rules and regulations concerning admissions, conduct & discipline and examinations of Abu Zafar Institute of Medical Sciences, Karachi and undertake to abide by them.
6. I will deposit the fee on regular basis within the stipulated time period as per fee rule of the institution or time to time announcement by the Administration, failing which, the administration of Dr. Ruth Pfau College of Nursing, Abu Zafar Institute of Medical Sciences has the right to take any appropriate action including cancellation of my admission due to nonpayment of Fees.

Dated \_\_\_\_\_

Signature of Student / applicant  
Name with Father's Name

Signature of Parent / Guardian  
Name with Father's Name  
Relation with applicant / Student