

4-Undertaking

I certify that the information provided on this form is correct and complete. I understand that the failure to submit all required materials, withholding information required on this form, or giving false information and documentation will make me ineligible for admission or subject to cancellation of admission.

I shall abide by the rules and regulations pertaining to admission and I shall accept the University regarding selection.

I understand that during Two years of my DFM course in case of any dispute regarding fees, college/ University Examination results, disciplinary action, the decision taken by the University and its Committee will be final and acceptable to me and my Sponsor. I and my Sponsor shall abide by all such decisions of the University

I _____ undertake the guarantee to pay the full tuition fee as mentioned in Sponsor Prospectus.

Name and Signature of Parent/Guardian

Name and Signature of Applicant

Date

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FOR OFFICE USE ONLY

Copies of the following documents received

1. Medical Degree
2. PMDC Registration
3. House job Certificate
4. CNIC copy
5. Matric & Intermediate Certificate

Yes	No

Date

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Signature of Official _____