

Annexure-B

To be typed on stamp paper of Rs. 30/-

MBBS Admission-2011

DECLARATION

We _____ (Candidate) son/daughter of _____

R/o _____ And _____ (Guardian) son/daughter

of _____ R/o _____ declare as under:

A. By The Candidate

1. I have applied for admission to MBBS Course 2011 of DMCH, Ludhiana in response to their relevant prospectus after having read and understood all the terms and condition therein.
2. If admitted to MBBS Course-2011, I agree to abide by the terms and condition of the prospectus.
3. I understand that the duration of course of instruction for the degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) including Compulsory Rotatory Internship, shall be five and a half years.
4. I understand that if all the certificates submitted are not approved by the authorities concerned, my admission shall be cancelled.
5. If admitted to the college, I agree that my admission shall be cancelled if I am found to have submitted incorrect or incomplete information to the college authorities. I agree that in such case, and fee paid shall not be refunded to me. Decision of the Principal in such case will be final. I confirm that I have not been disqualified from any university.
6. I also understand that the decision of the admission committee will be final and that my admission made will be subject to approval by the Baba Farid university of Health Sciences, Faridkot
7. I understand that the fee paid by me on being admitted to the course is as per the prospectus for admission year and that the fee is payable either by cash or bank demand draft in the name of "Dayanand Medical College & Hospital, Ludhiana" against a proper receipt, and the cheques will not be accepted. I know and agree that the fees once paid is are not refundable.
8. I agree to pay all the dues as notified by the college authorities from time to time and on the dates fixed for the purpose and understand that fees/dues paid once are not refundable. I agree that my outstanding dues against me, as and when I leave the college, shall be adjusted by the authorities concerned from my security deposit and the balance, if any, claimed for me.

9. If I, directly or indirectly, take part in movement to create any kind of disturbance during the period of the aforementioned course, including Compulsory Rotatory Internship period, in the College/Hospital or hold or address a meeting in the College/Hospital or participate in any other activity which, in the opinion of the Principal/Medical Superintendent/Dean academics will undermine the College/Hospital discipline or indulge in taking alcoholic beverages or hallucinogenic drugs. I agree that my name shall be removed from the rolls of the college authorities. I agree that the decision of the college authorities in such matter shall be final and binding on me.
10. I understand that I will be permitted to take the 1st Prof. MBBS Examination one year after my admission provided I put in the minimum required attendance in the theory and non-theory classes along with minimum required marks in Internal Assessment as per rules of the University and MCI.
11. If the college authorities find, on the basis of my results in the college examinations or my failure to take such examinations, that I am not a fit candidate to be promoted to the next higher class or be debarred from appearing in the professional examination.

B. By Parent/Guardian

12. I hereby declare that if _____ is admitted he/she shall abide by the rules of Dayanand Medical College & Hospital, Ludhiana, given in the prospectus and those made by the authorities hereafter.
13. I hereby declare that I hold myself responsible for the timely payment of all the dues i.e. tuition fee, fines, canteen, mess and other charges etc. payable to Dayanand Medical College & Hospital in respect of my son/daughter/ward name _____ during the period of his/her studies in Dayanand Medical College & Hospital, Ludhiana.
14. I declare he/she has never been disqualified by any University or Board.

Signature of the Student

Signature of Parents/Guardian

Guardian's relationship with the Candidate _____

Witness : (with full name, address and signature)

1. _____

2. _____

Note : To be attested by Notary Public.