

**Annexure-A**  
**Dayanand Medical College & Hospital, Ludhiana**  
**MBBS Admission-2012**

**REQUEST FOR HOSTEL ACCOMMODATION**  
**(if required) to be submitted at the time of admission**

The Principal,  
Dayanand Medical College & Hospital,  
Ludhiana

Sir

I shall be grateful if you kindly allot me hostel accommodation in DMCH. My particulars are as under

Name : \_\_\_\_\_  
Mobile Phone :            
Father's Name : \_\_\_\_\_ e-mail \_\_\_\_\_  
Mother's Name : \_\_\_\_\_ e-mail \_\_\_\_\_  
Rank PMET-2012 :

**Permanent Contact Information**

Address : \_\_\_\_\_  
\_\_\_\_\_

Country Code      Area/STD Code       
Phone          
e-mail (Parents) : \_\_\_\_\_

**Local Guardian**

Area/STD Code      Phone          
e-mail (Local Guardian) \_\_\_\_\_

Gender of the Candidate    Male                       Female   
Type of Accommodation: General                       Special

I undertake to abide by the Hostel Rules mentioned in the MBBS Prospectus 2012 and also rules framed thereafter by the College Authorities

Yours faithfully

Date: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_  
Signature  
(\_\_\_\_\_  
(Name)

## Annexure-B

To be typed on stamp paper of ₹. 30/-

### MBBS Admission-2012

## 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 2012 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-2012, 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 1<sup>st</sup> 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.

## Annexure C-1

Format of undertaking to be submitted by the candidates  
(except NRI Category) at the time of admission

### MBBS Admission-2012

### UNDERTAKING

1. \_\_\_\_\_  
son/daughter of \_\_\_\_\_  
declare that I have opted for admission in MBBS course at Dayanand Medical College & Hospital (here in after called DMCH), Ludhiana.
2. I understand that DMCH is charging a provisional Tution fee as per notification issued by the Punjab Government and the fee fixed by the college is Rs. \_\_\_\_\_.
3. I undertake that I will pay the balance of the tuition fee and other dues as fixed by the Dayanand Medical College & Hospital, Ludhiana as and when demanded by the College.

Read, understood and accepted

( \_\_\_\_\_ )

Signature of candidate

Name: \_\_\_\_\_

PMET-2012 Roll No. \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Note:** To be attested by the Notary Public.

## Annexure C-2

To be typed on stamp paper of ₹. 30/-

### MBBS Admission-2012

# BANK GUARANTEE

1. We the \_\_\_\_\_ undertake to pay the amount of Rs. \_\_\_\_\_ to Dayanand Medical College and Hospital, Ludhiana without any demur, merely on demand by the Principal, DMCH, Ludhiana without any objection on account of balance tuition fee of Mr./Ms. \_\_\_\_\_ S/o/D/o \_\_\_\_\_ R/o \_\_\_\_\_ Distt. \_\_\_\_\_. The liability under this guarantee shall be restricted to an amount not exceeding Rs. \_\_\_\_\_.
2. We are liable to pay guaranteed amount if a written claim or demand is serve upon by the Principal, DMCH, Ludhiana.
3. The beneficiary should see confirmation of issuance of the guarantee from controlling office of issuing branch, which is situated at \_\_\_\_\_.
4. We \_\_\_\_\_ undertake not to revoke this guarantee during its currency except with the previous consent of the Principal DMCH, Ludhiana.
5. Not withstanding anything contained herein above our liability under this guarantee is restricted to Rs. \_\_\_\_\_ and shall be relieved discharged of all liabilities under this guarantee after \_\_\_\_\_ (Date of expiry).
6. Not withstanding herein above state our liability under the guarantee is limited to Rs. \_\_\_\_\_ (Rupees) \_\_\_\_\_ and a written claim arising out of the guarantee is must be lodged with the bank on or before after which the \_\_\_\_\_ (Date of expiry) liability of the bank would be extinguished.

Date : \_\_\_\_\_

For

1. Signature \_\_\_\_\_

**Note:** To be Signed & Stamped by Bank Authorities.

## Annexure C-3

To be submitted by the MBBS Students of Govt. quota & Management quota (Except NRI)

**To be typed on Stamp  
Paper of ₹. 30/- and  
attested by Notary  
Public**

## SURETY BOND

Know all men by these present, I, Mr./Mrs. \_\_\_\_\_  
S/O/D/OSh. \_\_\_\_\_ Gali/WardNo.Area \_\_\_\_\_  
city (here-in-after called the surety) and Mr. \_\_\_\_\_  
S/O/D/O \_\_\_\_\_ (here-in-after called the  
student) firmly bind ourselves, jointly and severally unto Dayanand Medical College & Hospital  
Managing Society, Ludhiana (A Registered Society under the Societies Registration Act) through its  
Principal (here-in-after called the College) for a sum Rs. \_\_\_\_\_  
(in words) Rs. \_\_\_\_\_ to be paid to the said College or their representative, or assignees,  
being the balance tuition fee for MBBS course undertaken by the student with the college on the terms  
and conditions mentioned here-in-after.

Now the terms of the above said Surety Bond are as under: -

1. That the student shall not leave the MBBS course before the completion of the course as any such act entails the loss of balance tuition fee.
2. That in case the student leaves the course before its completion and the college has to sustain a loss of fee for the remaining period then in that event, the bonded student and the surety shall be jointly and severally liable to pay the balance sum, equal to balance tuition fee of the course as damages, to the said college. However, under no circumstances the student shall be entitled to any kind of refund of the fees already paid.
3. That the liability of the student and the surety will be joint, several and co-extensive.
4. Properties (movable/immovable) of the surety shall remain under the lien of the college. The detail of the immovable properties upon which the lien is created under this Surety Bond is as under: -

House No. \_\_\_\_\_  
State \_\_\_\_\_  
Vasika No. \_\_\_\_\_

Ward No. \_\_\_\_\_  
Tehsil & Distt. \_\_\_\_\_  
Khasra No. if any \_\_\_\_\_  
and the date of registration of  
the said vasika  
Registration with \_\_\_\_\_

5. That the surety also undertakes that he will not alienate create any charge, or in any way deal with the property mentioned above before the fulfillment of the terms and conditions of this bond.
6. Notwithstanding anything herein before contained, it is hereby mutually agreed and declare that I \_\_\_\_\_ (Surety) will not be empowered to terminate my surety in any manner and this bond shall continue and shall be valid in all respects as mentioned herein above.
7. That this Surety Bond shall remain in force till the payment of final installment of tuition fee i.e. the 5<sup>th</sup> installment and on the payment of the 5<sup>th</sup> installment of tuition fee, it will automatically discharged.
8. However for the purpose of security, we have also submitted the four post dated cheques in respect of four installments of tuition fee. The detail of which is as under:-

<b>Sr. No.</b>	<b>Cheque No.</b>	<b>Date</b>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

We further undertook that in case of dishonour of any of the cheque on account of any reason, we will be liable for criminal prosecution under Section 138 of the Negotiable Instrument Act besides the civil liability to pay the remaining tuition fee.

IN WITNESS whereof, we have hereby signed this surety bond on this \_\_\_\_\_ day of \_\_\_\_\_, 2012 at \_\_\_\_\_ in the presence of the witnesses after admitting the contents of the same to be true and correct.

\_\_\_\_\_  
**Student**

\_\_\_\_\_  
**Surety**

**Witnesses**  
**(Signatures with full name & address)**

1. \_\_\_\_\_
2. \_\_\_\_\_

## Annexure D-1

# UNDERTAKING BY THE CANDIDATE/STUDENT

1. I, \_\_\_\_\_  
S/O, D/O, OF MR./MRS./MS. \_\_\_\_\_, HAVE CAREFULLY READ AND FULLY UNDERSTOOD THE LAW PROHIBITING RAGGING AND THE DIRECTIONS OF THE HON'BLE SUPREME COURT AND THE CENTRAL/STATE GOVERNMENT IN THIS REGARD AS WELL AS THE MCI REGULATIONS ON CURBING THE MENACE OF RAGGING IN HIGHER EDUCATIONAL INSTITUTIONS, 2009.
2. I HAVE RECEIVED A COPY OF THE MCI REGULATIONS ON CURBING THE MENACE OF RAGGING IN HIGHER EDUCATIONAL INSTRUCTION, 2009.
3. I HEREBY UNDERTAKE THAT:
  - I WILL NOT INDULGE IN BEHAVIOR OR ACT THAT MAY COME UNDER DEFINITION OF RAGGING.
  - I WILL NOT PARTICIPATE IN OR ABET OR PROPAGATE RAGGING IN ANY FORM.
  - I WILL NOT HURT ANYONE PHYSICALLY OR PSYCHOLOGICALLY CAUSE ANY OTHER HARM.
4. I HEREBY AGREE THAT IF FOUND GUILTY OF ANY ASPECT OF RAGGING, I MAY BE PUNISHED AS PER THE PROVISIONS OF THE MCI REGULATIONS MENTIONED ABOVE AND/OR AS PER THE LAW IN FORCE.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ MONTH OF \_\_\_\_\_ YEAR

SIGNATURE

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME:

(1) WITNESS:

(2) WITNESS:



Annexure D-2

# ਵਿਦਿਆਰਥੀਆਂ ਵੱਲੋਂ ਸ਼ਪਤ ਪੱਤਰ

1. ਮੈਂ.....ਸਪੁੱਤਰ/ਸਪੁੱਤਰੀ ਸ੍ਰੀ/ਸ੍ਰੀਮਤੀ.....  
 .....ਮਾਨਯੋਗ ਸੁਪਰੀਮ ਕੋਰਟ / ਕੇਂਦਰ ਸਰਕਾਰ / ਰਾਜ ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ  
 ਰੈਗਿੰਗ ਰੋਕਣ ਸਬੰਧੀ ਕਾਨੂੰਨ ਚੰਗੀ ਤਰ੍ਹਾਂ ਪੜ੍ਹ ਲਿਆ ਹੈ ਅਤੇ ਸਮਝ ਲਿਆ ਹੈ।
2. ਮੈਂ ਮੈਡੀਕਲ ਕੋਸਲ ਦੁਆਰਾ ਸਾਲ 2009 ਵਿੱਚ ਉੱਚ ਸਿੱਖਿਆ ਸੰਸਥਾਵਾਂ ਨੂੰ ਜਾਰੀ ਕੀਤੀਆਂ ਹਦਾਇਤਾਂ ਦੀ ਕਾਪੀ ਪ੍ਰਾਪਤ  
 ਕਰ ਲਈ ਹੈ ।
3. ਮੈਂ ਸ਼ਪਤ ਲੈਂਦਾ ਹਾਂ ਕਿ:
  - ਮੈਂ ਰੈਗਿੰਗ ਸਬੰਧੀ ਕਿਸੇ ਵੀ ਗਤੀਵਿਧੀ ਵਿੱਚ ਕਦੇ ਵੀ ਹਿੱਸਾ ਨਹੀਂ ਲਵਾਂਗਾ / ਲਵਾਂਗੀ।
  - ਮੈਂ ਕਿਸੇ ਨੂੰ ਵੀ ਸ਼ਰੀਰਕ ਤੌਰ ਤੇ ਤੰਗ ਪ੍ਰੇਸ਼ਾਨ ਨਹੀਂ ਕਰਾਂਗਾ / ਕਰਾਂਗੀ।
4. ਜੇਕਰ ਮੈਂ ਰੈਗਿੰਗ ਸਬੰਧੀ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦੋਸ਼ੀ ਪਾਇਆ ਜਾਂਦਾ/ਜਾਂਦੀ ਹਾਂ ਤਾਂ ਮੈਂ ਉਪਰੋਕਤ ਦੱਸੇ ਕਾਨੂੰਨ ਮੁਤਾਬਕ ਸਜ਼ਾ  
 ਦਾ ਹੱਕਦਾਰ ਹੋਵਾਂਗਾ / ਹੋਵਾਂਗੀ ।

ਮਿਤੀ:

ਹਸਤਾਖਰ

.....  
 ਪਤਾ.....  
 .....  
 .....

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ

1. ....
2. ....

**Annexure D-3**

**UNDERTAKING BY THE PARENT/GUARDIAN**

1. I, \_\_\_\_\_  
F/O, M/O, G/O \_\_\_\_\_, HAVE CAREFULLY READ AND FULLY UNDERSTOOD THE LAW PROHIBITING RAGGING AND THE DIRECTIONS OF THE SUPREME COURT AND THE CENTRAL/STATE GOVERNMENT IN THIS REGARD.
  
2. I ASSURE YOU THAT MY SON/DAUGHTER/WARD WILL NOT INDULGE IN ANY ACT OF RAGGING.
  
3. I HEREBY AGREE THAT IF HE/SHE IS FOUND GUILTY OF ANY ASPECT OF RAGGING, HE/SHE MAY BE PUNISHED AS PER THE PROVISIONS OF THE MCI REGULATIONS MENTIONED ABOVE AND / OR AS PER THE LAW IN FORCE.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ MONTH OF \_\_\_\_\_ YEAR

SIGNATURE

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME:

(1) WITNESS:

(2) WITNESS:

Annexure D-4

# ਵਿਦਿਆਰਥੀਆਂ ਦੇ ਮਾਤਾ/ਪਿਤਾ/ਸਰਪ੍ਰਸਤ ਵੱਲੋਂ ਸ਼ਪਥ ਪੱਤਰ

1. ਮੈਂ.....ਪਿਤਾ / ਮਾਤਾ ਸਰਪ੍ਰਸਤ.....  
.....ਮਾਨਯੋਗ ਸੁਪਰੀਮ ਕੋਰਟ / ਕੇਂਦਰ ਸਰਕਾਰ / ਰਾਜ ਸਰਕਾਰ ਦੁਆਰਾ ਜਾਰੀ  
ਰੈਗਿੰਗ ਰੋਕਣ ਸਬੰਧੀ ਕਾਨੂੰਨ ਚੰਗੀ ਤਰ੍ਹਾਂ ਪੜ੍ਹ ਲਿਆ ਹੈ ਅਤੇ ਸਮਝ ਲਿਆ ਹੈ।
2. ਮੈਂ ਆਪ ਜੀ ਨੂੰ ਵਿਸ਼ਵਾਸ ਦਿੰਦਾ ਹਾਂ ਕਿ ਮੇਰਾ ਬੇਟਾ / ਬੇਟੀ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦੀ ਰੈਗਿੰਗ ਸਬੰਧੀ ਕਿਸੇ ਵੀ ਕਾਰਵਾਈ  
ਵਿੱਚ ਹਿੱਸਾ ਨਹੀਂ ਲਵੇਗਾ
3. ਮੈਂ ਇਸ ਗੱਲ ਨਾਲ ਪੂਰੀ ਤਰਾਂ ਨਾਲ ਸਹਿਮਤ ਹਾਂ ਕਿ ਜੇਕਰ ਮੇਰਾ ਬੇਟਾ / ਬੇਟੀ ਰੈਗਿੰਗ ਸਬੰਧੀ ਕਿਸੇ ਵੀ ਤਰ੍ਹਾਂ ਦੀ  
ਕਾਰਵਾਈ ਵਿੱਚ ਹਿੱਸਾ ਲੈਂਦਾ ਹੈ ਜਾਂ ਦੋਸ਼ੀ ਪਾਇਆ ਜਾਂਦਾ ਹੈ ਤਾਂ ਉਹ ਮੈਡੀਕਲ ਕੌਂਸਲ ਦੀਆਂ ਹਦਾਇਤਾਂ ਮੁਤਾਬਕ ਸਜ਼ਾ  
ਦਾ ਹੱਕਦਾਰ ਹੋਵੇਗਾ।

ਮਿਤੀ:

ਹਸਤਾਖਰ

.....

ਪਤਾ.....

.....

.....

ਗਵਾਹ ਦੇ ਹਸਤਾਖਰ

1. ....

2. ....

**Annexure D-5**

**UNDERTAKING**

**MBBS Admission - 2012**

I \_\_\_\_\_ s/d/o \_\_\_\_\_ have been admitted in MBBS course at Dayanand Medical College & Hospital, Ludhiana hereby undertake as follows :

1. I have clearly understood that ragging is strictly prohibited and in case I am found at any time during my stay in this institution to indulge in any form or type of ragging howsoever trivial or minor, at any time or place, the institution will give me a chance to explain my position through a show cause notice and in case my explanation is found to be unsatisfactory I am liable for disciplinary and legal action including lodging of FIR with the Police and expulsion from the college.
2. I clearly understand the meaning of ragging which includes the PERCEPTION or FEELING of a fresh student that he/she has been :
  - Made fun of/ridiculed or teased
  - Made uncomfortable, awkward or embarrassed
  - Subjected to intimidation, verbal abuse or mental trauma
  - Subjected to undermining of dignity
  - Asked to do something which he/she ordinarily would not do
  - Restrained from free movement
3. That since the provisions are based on orders of Hon'ble Supreme Court and directions of authorities including the affiliating University I will not receive any consideration or lenience from the institution authorities in this regard.

\_\_\_\_\_  
(Signature of Student)

Name \_\_\_\_\_

Roll No. \_\_\_\_\_

Mobile No. \_\_\_\_\_

I have noted the above undertaking and have advised & guided my ward, in his/her own interest, against indulging in any activities related to ragging of new students.

\_\_\_\_\_  
(Signature of Parents/Guardian)

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Mobile/Contact No. \_\_\_\_\_

Date \_\_\_\_\_

**Annexure-E**

# Undertaking for Hostel Accommodation

I (full name of student) with admission / registration / enrolment number) \_\_\_\_\_ S/o / D/o, Mr./Mrs./Ms. \_\_\_\_\_ do hereby solemnly affirm and declare as under:

1. That I have been admitted to Dayanand Medical College and Hospital, Ludhiana and have received a copy of the UGC Regulations on Curbing the Menace of Ragging in Higher Educational institutions, 2009, (hereinafter called the "Regulations") carefully read and fully understood the provisions contained in the said Regulators.
2. That I have obtained the facility of Hostel in Dayanand Medical College & Hospital, Ludhiana.
3. That I have, in particular, perused clause 3 of the Regulations and am aware as to what constitutes ragging.
4. That I have also, in particular, perused clause 7 and clause 9.1 of the Regulations and am fully aware of the penal and administrative action that is liable to be taken against me in case I am found guilty of or abetting ragging, actively or passively, or being part of a conspiracy to promote ragging.
5. That I will not indulge in any behaviour or act that may be constituted as ragging under clause 3 of the Regulations.
6. That I will not participate in or abet or programme through any act of commission or omission that may be constituted as ragging under clause 3 of the Regulations.
7. That I hereby affirm that, if found guilty of ragging, I am liable for punishment according to clause 9.1 of the Regulations, without prejudice to any other criminal action that may be taken against me under any penal law or any law for the time being in force.
8. That I hereby declare that I have not been expelled or debarred from admission in any institution in the country on account of being found guilty of, abetting or being part of a conspiracy to promote ragging; and further affirm that, in case the declaration is found to be untrue, I am aware that my admission is liable to be cancelled.

Declared this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year

\_\_\_\_\_  
Signature of deponent  
Name \_\_\_\_\_

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at \_\_\_\_\_ on this the \_\_\_\_\_ of \_\_\_\_\_ month of \_\_\_\_\_ year

\_\_\_\_\_  
Counter Signatures (Parents/Guardian)

\_\_\_\_\_  
Signature of deponent

Solemnly affirmed and signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_ month of \_\_\_\_\_ year after reading the contents of this affidavit.

Oath Commissioner

Annexure-F

**CONFIDENTIAL**

**BEHAVIORAL PATTERN CERTIFICATE**

Name : \_\_\_\_\_ Father's Name : \_\_\_\_\_

Gender : \_\_\_\_\_ Class last attended: \_\_\_\_\_ Roll No: \_\_\_\_\_

Name of the Institution : \_\_\_\_\_

The behavioral pattern of the above-mentioned candidate is certified as under :

1. Displayed persistent violent or aggressive behavior     Yes     No
2. Displayed desire to harm others     Yes     No

If yes, details : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date : \_\_\_\_\_

Signature : \_\_\_\_\_



\*The original certificate should be sent to "Dean Academics, Dayanand Medical College & Hospital, Ludhiana" in a *sealed envelope* either through Registered / Speed post or through the candidate.