



ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
स्वास्थ्य एवं परिवार कल्याण मंत्रालय ,भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान
(An Institution of National Importance under Ministry of Health & Family Welfare)
भारत सरकार /Government of India

Annexure-A

Annexure- 'A' (To be produced by eligible candidates only on Rs. 10 non-judicial, stamp paper, duly signed)

AFFIDAVIT

I, Dr. _____ Son/Daughter /Wife of _____

Resident of /o _____ PIN _____ Mobile No. _____

E-mail ID _____

Hereby solemnly declare as follows:-

1. My full name is as correctly spelt is
2. That all my qualifying degrees MBBS/MD/MS/MCh/DM/DNB/Equivalent as declared by me on my application are recognized by NMC/MCI regulatory body.
3. The Institute/College from which I have obtained my qualifying degrees (MBBS/MD/MS/MCh/DM/DNB/Equivalent) recognized by MCI/regulatory body in that particular year in which I passed my qualifying degree. There is no legal lacuna regarding the recognition of my degree by NMC/MCI.
4. I have registered my MBBS degree under _____ (Name of state council) and the registration number is _____, year _____.
5. I have registered my MD/MS/MCh/DM/DNB/Equivalent degree under _____ (name of the state council) and the registration number is _____, year _____.
6. All teaching and/or research experience (s) claimed by me in the application form are valid and from institutes recognized by Medical Council of India/regulatory body.
7. I belong to _____ category as per Govt. of India guidelines and have submitted a updated valid certificate to this effect.
8. That, my age falls in the upper age limit stipulated by the advertisement and I have a valid date of birth proof document/certificate to support this. And valid other relevant certificate to claim age relaxation as per advertisement (if applicable).
9. **I have no case pending against me and I never been convicted by any court of law .**
10. I undertake that I have not suppressed any fact and all facts submitted and true to my best of my knowledge. That, if at any stage any information is found to be false or it as found that I am not fulfilling the requisite qualifications, experience as per the advertisement, then the interview and all subsequent actions including my appointment it may be considered null and void and I will abide by the decision as deemed fit by the competent authority.

Signature:

Full Name & Address:

Witness I:

Witness II: