

AFFIDAVIT

I -----S/D/O-----resident of -----  
-----hereby solemnly affirm on  
oath that: I shall be regular and punctual throughout my training period and endeavor to attend all the  
CPCS, Interactive lectures, seminars, workshops etc as part of my structured training program. Attendance  
below 75% will lead to termination of my training. I shall treat all my teachers, colleagues and peers and  
staff of the KMU-IPH&SS with utmost respect and dignity. I shall not discriminate against any one on the  
basis of race, ethnicity, religion, sex. Color or caste and shall not express my political or religious beliefs to  
others. I shall maintain discipline and understand that in case of any breach of discipline I shall be liable for  
strict disciplinary action. I shall not demand for accommodation if it is not available and shall not resort to  
any kind of protest or strike. I shall make utmost efforts to improve my professional skills by self-learning  
and attending seminars, lectures and workshops. I shall not indulge in any sort of politics during training  
and shall not resort to any sort of strike or industrial action and shall not join any political association,  
organization or trade union. I shall be answerable to my Supervisor and the Dean I shall not use my post or  
profession to unduly pressurize others for any kind of favors and shall not take any action that shall bring  
my profession into disrepute. I understand that my training may be terminated at any time by KMU-IPH for  
breach of any of the regularities. I shall not involve my self in any kind of intimate or other improper  
relationship with my patients or their attendants and hospital staff as long as they are under my care or  
remain my colleagues. Any extra leaves over and above the allowed thirty days leave per year shall be  
completed by me/made up for by me at the end of my training period.

Signature of Student-----

Name -----

S/D/O -----

NIC NO. & Address: -----

Witness - 1

Signature -----

Name -----

S/D/O -----

NIC No. -----

Address: -----  
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Witness - 2

Signature -----

Name -----

S/D/O -----

NIC No. -----

Address: -----  
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