AFFIDAVIT

SUBMISSION BEFORE KIRAN HOSPITAL
NEAR SAFORA GOTH OFF UNIVERSITY ROAD, SCHEME-33 KARACHI.

I _____ S/D/W. of _____,adult, holding CNIC No. _____, resident of House / Flat No._____ _____ do hereby state and declare on oath as under :

1. That I am the true deponent of this affidavit and well conversant with the fact deposed herein.
2. That I have applied for four year studies of FCPS-II training in _____ at KIRAN, Hospital Karachi for Session-202____.
3. That I am not engaged / practicing as doctor with any private or Government department/ organization etc.
4. That I will follow and abide by all the rules and regulation of KIRAN Hospital and CPSP which come into force time to time.
5. That I will take full consideration in the residency of FCPS-II training in _____at KIRAN, Hospital.
6. That I shall not use the Knowledge / experiences acquired during my training or thereafter for any non-bonafide/ illegitimate purposes, while in the country or aboard.
7. That I shall not reveal, disclose or give away in any from whatsoever any information material or document or official secrets etc that may come to my knowledge during my assignment/ training or act or omit to act in a manner based on the same that may prejudice national security or jeopardize any national interest of Pakistan.
8. That in case of discontinuation or unauthorized absence from FCPS-II training at KIRAN, Hospital my residency will liable to be terminated and no claim whatsoever will be accepted. I will not eligible for issuance of experience letter for incomplete training.
9. In case of resigning/ quitting the training, I will submit a notice of not less than a period of thirty days or by payment of stipend for thirty days in lieu of notice. I will continue to serve the hospital until the resignation is accepted and will not be eligible for seeking experience letter of incomplete training on tendering resignation.
10. In all other matters, I will abide by such order, rules and regulations as may be in force from time to time and I will have no claim for compensation/benefit etc in consequence of any change that may be communicated by this Institute or CPSP.
11. That my training shall liable to be terminated immediately if Security Clearance found adverse/ not cleared at any stage.

That whatever stated above is true and correct to the best of my knowledge and belief.

Dated :_____ _____

DEPOENT