APPLICANT AND PARENT/ GUARDIAN/ SURETY DECLARATION FORM
BY STUDENT

The Hostel Provost
Shaheed Mohtarma Benazir Bhutto Medical University
Larkana.

I_____ /o, Mr. / Mrs. _____ bearing University Roll No. _____ Batch _____ and having CNIC No. _____ has real all the Hostel Rules and regulation and I undertake that I will abide by all such rules/policies. Falling to which shall be liable for censure/ fine/ disciplinary action or eviction from the hostel or any action suggested by the university / Hostel Administration.

Name of the Institute _____ Programme_____

Signature of the Student_____

By Parents / Guardian

I the undersigned take the responsibility of Mr. Miss _____ bearing university Roll No._____ and CNIC No._____ for his/her conduct, payment of hostel dues and penalties imposed upon under the provision of SMBBMU Medical University Rules/ regulation.
I hear by undertake that my word and me are responsible for incident, whatever and assure that my word shall follow the norms of SMBB Medical University code of conduct while he/she is inside or outside the Hostel. I will be available on call and promise to visit and take care of my word, as and when required.

Name of Parent/ Guardian_____ Address _____

_____ CNIC No._____

Contact No.1 _____ .2 _____

Witnesses

Name and address of witness No.1 _____

CNIC No. | | | | | | - | | | | | | | | - | |

Signature: _____

Name and address of witness No.2 _____

CNIC No. | | | | | | - | | | | | | | | - | |

Signature: _____