

## AFFIDAVIT

<< On Stamp paper of Rs. 100/- >>

I \_\_\_\_\_ (Name), age \_\_\_\_\_ residing at \_\_\_\_\_, do hereby state and declare on solemn affirmations as under:

\_\_\_\_\_ (Name), Enrolment no. \_\_\_\_\_, working as Registered Resident Doctor for CPS Diploma in \_\_\_\_\_ (Branch) at \_\_\_\_\_ (Institute address) for a tenure of 02 years from \_\_\_\_\_ to \_\_\_\_\_.

I am supposed to submit my exam form till \_\_\_\_\_ (last date of submitting the examination form for this session); but as my 4<sup>th</sup> post gets completed on \_\_\_\_\_ (last date of completion of post). I will submit the 4<sup>th</sup> post completion certificate within 8 days of \_\_\_\_\_ (last date of post completion). I hereby submit that, if I fail to submit the said document as mentioned above College of Physicians & Surgeons of Mumbai will withhold my results and may make the exam null and void as per the rules of CPS.

Whatever stated here in above is true and correct to the best of my knowledge and belief and if above matter is false, then I am eligible for punishment under section 200, 199 and 193/2 of I.P.C.

Place:

Date:

Signature

Name:

Enrolment No.:

Subject: