

## 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 Fellowship / Diploma in \_\_\_\_\_ (Branch) at \_\_\_\_\_ (Institute address) for a tenure of 03/02 years from \_\_\_\_\_ to \_\_\_\_\_.

I shall be completing my last post on \_\_\_\_\_ I hereby understand that. I have been permitted to take examination on the condition of submitting my last post completion within 8 days of completion of the post. I also give my consent to withhold my result until I submit the last post completion. If I fail to submit the said document as mentioned above, College of Physicians & Surgeons of Mumbai will make the present exam I appeared for null and void as per CPS rules.

I further declare that all the information stated herein is true and correct to the best of my knowledge and belief. If any of the above statements are found to be false or untrue, I am aware that I may be subject to punishment under section 200, 199 and 193/2 of the Indian Penal Code (I.P.C.).

Place:

Date:

Signature

Name:

Enrolment No.:

Subject: