

FORMAT OF AFFIDAVIT

I, _____ s/o / d/o Shri _____
do hereby solemnly affirm and declare as under:-

1. That I was a student of MBBS or correct nomenclature of qualification if other than MBBS at _____ Medical College from _____ to _____.

2. That I have completed my compulsory internship training from _____ to _____.

3. That I have completed my compulsory internship training for one year/ _____ (or more-as the case may be) at _____ (details of Hospital with complete address).

4. That I could not get myself registered with Delhi Medical Council due to _____

(specific reason for the delay must be spelt out by the candidate).

5. That I have not done any unethical practice after completion of my internship training. However, if any complaint is made against me for unethical practice during this period, I shall be held responsible for the same.

6. That I further declare that no disciplinary proceedings have ever been initiated or are pending against me before any medical regulatory authority nor I have been subject to any enquiry or investigation before any authority which may disentitle me from seeking registration from Delhi Medical Council.

7. That I have never been fined, given a warning/reprimanded/suspension of registration temporary, permanent, by any medical, health or any regulatory authority or has been held guilty of medical malpractice or negligence by any Court of Law

8. That all the facts stated above are true and correct to the best of my knowledge.

DEPONENT

Verification:

Verification at _____ this _____ day of _____ 2000 that the contents of this affidavit are true and correct to the best of my knowledge and belief.

DEPONENT