

# Affidavit

(To be submitted at the time of counseling on Rs. 50/- stamp paper and notarized)

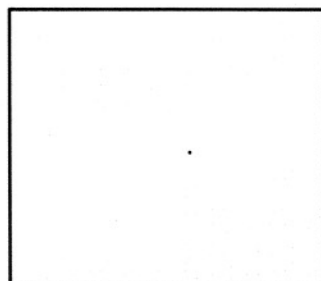
I, ..... son/daughter of .....hereby solemnly affirm that the following statement made by me are true to the best of my knowledge and belief that.

- A) I am a citizen of India
- B) I have studied and understood the rules governing counseling, admission procedure, and fee structure and agree to abide by these rules.
- C) If admitted to Awadh Dental College & Hospital of the Kolhan University, I will abide by all its rules and, regulations especially those regarding discipline, attendance, examinations and payment of fees. I understand that failure to comply with the rules and regulations will invite an appropriate disciplinary action from the University/Institutional authorities.
- d) I will not involve myself in any action of ragging during the course of my education in this University. I understand that involvement in ragging is a cognizable offence and it will result in police action and would result into cancellation of my admission to the course.

Name of the candidate :

Date : .....

Place : .....



Left Thumb Impression of  
the Candidate

Signature of the Candidate

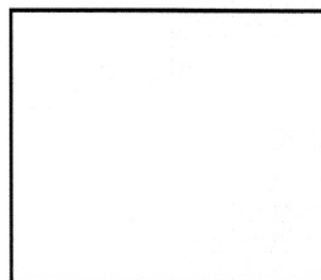
I, ..... the father/mother/guardian of..... an applicant for admission to course at Awadh Dental College & Hospital, hereby solemnly affirm that all the above statements made by son/daughter/ward are true to the best of my knowledge and belief. I will be responsible for the payment of his/her fees on time and for his / her conduct.

Name of the parent/guardian

Relationship of candidate :

Date :

Address with phone No. :



Left Thumb Impression of  
the parent/Guardian

Signature of the parent/guardian