I Dr	D/O at present resident of
House # _	do hereby solemnly affirm and declare as under:
1.	That I have joined as scholar in Residency Training Programme at Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU), Islamabad on
2.	That I am not employees of any Govt./Semi Govt. /Autonomous body/hospital/Private Hospital and any other department
3.	That I am not receiving any salary/stipend from any office /organization /department / Hospital etc.
4.	That in case of my appointment in any Govt. /Semi Govt./Autonomous Body/Private Hospital and any other department, I will inform to the Registrar office in writing.
5.	That I am aware of the fact that maternity leave is allowed once throughout the programme, I will abide by the rules strictly.
6.	That I will abide by all the rules and regulation of the university/concerned department and terms & conditions contained in the offer of admission letter which I have already been accepted.
7.	That I will not instigate/participate or indulge myself in any political activity, in case found involved in any such activity, will not make objection on cancellation of my admission.
8.	Fifteen (15) days casual leaves are admissible in six months, however, leave cannot be granted at a stretch. No other leave is admissible as per rules of CPSP/University.
9.	That discontinuation of the training before completion of one year will result in forfeiting of security fee and no experience certificate will be issued. Furthermore student has to refund the stipend already paid to him.
10.	That I will not engage myself in any kind of private practice during the entire period of postgraduate residency training.
11.	That I will obey all rotation orders issued by the authority from time to time, failing which, disciplinary proceeding can be started against me.
	Signature of the Deponent
	Name :()

CNIC #..... Address:....

Affidavit (for male PGRs)

I Dr	S/O at present resident of
House # ₋	do hereby solemnly affirm and declare as under:
1.	That I have joined as scholar in Residency Training Programme at Shaheed Zulfiqar Ali Bhutto Medical University (SZABMU), Islamabad on
2.	That I am not employees of any Govt./Semi Govt. /Autonomous body/hospital/Private Hospital and any other department
3.	That I am not receiving any salary/stipend from any office /organization /department / Hospital etc.
4.	That in case of my appointment in any Govt. /Semi Govt./Autonomous Body/Private Hospital and any other department, I will inform to the Registrar office in writing.
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8.	That discontinuation of the training before completion of one year will result in forfeiting of security fee and no experience certificate will be issued. Furthermore student has to refund the stipend already paid to him.
9.	That I will not engage myself in any kind of private practice during the entire period of postgraduate residency training.
10	D. That I will obey all rotation orders issued by the authority from time to time, failing which, disciplinary proceeding can be started against me.
	Signature of the Deponent
	Name :()
	CNIC #

Address:....