Affidavit

(To be submitted on Judicial Stamp Paper after selection)

I, Mr. / Mrs. / Miss._____ Son / Daughter / Wife of _____,

selected as an in-service / fresh candidate in the BS Program for session _____ at ZAB-PGPI, Peshawar, solemnly declare that:

1. I will abide by all the rules and regulations of the Institute and its hostel (if availed), or as amended from time to time.
2. I will not be enrolled in any other course, anywhere at any institute during my BS program tenure.
3. I will not engage in any sort of political, linguistic, or sectarian activities, nor will I organize or become a member of any political organization/student body.
4. I will not request a change in my assigned discipline at any stage of the course.
5. I will not object to any changes in the duration, curriculum, or structure of the course for any unforeseen reasons.
6. I will forfeit my security in case of withdrawal of admission or expulsion from the institute on disciplinary grounds. Additionally, I will be liable to deposit Rs. 10,000/- as a penalty to the Government.
7. If any document provided by me is found to be fake/irrelevant at any stage, my admission will be canceled without any show-cause notice.
8. I will be subject to termination and will not seek legal recourse if found enrolled in or serving at any other institute/university during this program.
9. I acknowledge that this BS program aligns with the curriculum and professional standards set by KMU BS Paramedic Sciences Peshawar, including practical training and clinical rotations as required.
10. I understand that successful completion of this program will require adherence to the academic and professional conduct guidelines outlined by ZAB-PGPI Peshawar and in accordance with national accreditation standards.
11. I agree to attend all mandatory workshops, seminars, and professional development activities as prescribed by the institute.
12. I will ensure my active participation in clinical training and practical sessions as per the guidelines of ZAB-PGPI BS Paramedic Sciences Program.
13. I acknowledge that failure to meet attendance and academic performance requirements may result in disciplinary action or dismissal from the program.
14. I understand that my degree completion is subject to passing all required examinations, completing practical assignments, and fulfilling clinical rotation requirements.
15. I clearly understand and agree that if I leave the program/institute at any stage due to migration, voluntary withdrawal, or for any other reason, I will be legally bound to deposit the full tuition fees/Institutional dues for all the remaining semesters of the entire BS program before the issuance of a leaving certificate, NOC, or clearance.

_____

Signature of the Candidate

CNIC No.: _____

Cell No.: _____

Witness No. 1 (Guardian):

Name: _____

Relation: _____

CNIC No: _____

Address: _____

_____

Witness No. 2:

Name: _____

Relation: _____

CNIC No: _____

Address: _____

_____

ATTESTED SIGNATURE: (By 1st Class Magistrate)