

AFFIDAVIT FOR RULES & REGULATIONS FOR EXTERNSHIP (to be printed on Rs.200 Stamp Paper)

I, _____ (full name of student) S/o / D/o Mr./Mrs./Ms. _____ With permanent address of _____ have been considered/ accepted for externship at Hamdard Institute of Medical Sciences & Research, New Delhi.

I do hereby declare the following:

- 1) I have been declared medically fit after my medical examination conducted at HAH Hospital. I enclose original certificate of the same. I am not suffering from any chronic ailment and not on any regular medication.
- 2) All the documents submitted by me in connection with my externship application - are True and genuine. My Externship may be cancelled if any of the documents submitted by me later found forged or tampered
- 3) I will follow all the rules & regulations of the institute.
- 4) I have been informed about leave rules permissible to me.
- 5) I will not indulge in any act, which may be dishonorable to myself, the Institution or the medical Profession.
- 6) I have been informed that hostel may not be available to externs and that externs are not eligible for stipend.
- 7) I shall submit my security fee before joining as prescribed.
- 8) I will attend the postings as per schedule, made following National Medical Commission norms. My attendance will be submitted by the concerned departments, where I will work duly attested by respective heads/ Incharge and I will abide by the college rules of marking attendance.
- 9) I also understand that achieving the stipulated assessment score is mandatory for receiving the Internship Completion certificate.
- 10) It is my sole responsibility to keep my parents/guardians informed/updated regarding my performance & duties.
- 11) I will never use/keep anything in the academic block/hospital/hostel, which are deemed prohibited. If found using the same the article/s shall be seized and further appropriate action may be taken by authorities.
- 12) College will not be liable for any compensation or claim, in any circumstances for any injury/mishap, inside or outside the premises during the externship.
- 13) I have been informed that once I join the institution, I cannot leave the institution without getting my "No Dues" signed by appropriate authorities. This will be done within one week of completion of my tenure of externship.
- 14) In event of any dispute, the decision of Dean, HIMSR, will be final.
- 15) Declared on this.....day of.....month of.....year.

Signature of Student:

Name:.....

VERIFICATION

Verified that the above contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. I also accept and give my consent for all the above mentioned contents.

Signature of Parent / Guardian:

Name:.....