

[Format of affidavit to be submitted on a Legalized/Notarized Rs. 200 Non Judicial Stamp Paper by the candidate, who has been allotted a seat in MD/MS under Muslim Minority Quota at Hamdard Institute of Medical Sciences & Research, Jamia Hamdard, New Delhi-62]

I, \_\_\_\_\_, aged \_\_\_\_\_ years,  
Son/Daughter of Mr. \_\_\_\_\_ & Mrs. \_\_\_\_\_  
Residing at \_\_\_\_\_

do hereby solemnly affirm and say:

1. That I am residing at above mentioned address since \_\_\_\_\_ years.
2. That I belong to Muslim/Islam religion by birth.
3. That I belong to Muslim Minority community which is included in notified Minority Communities under Section 2(c) of the National Commission for Minorities Act, 1992, Government of India.
4. That in support of my statement, I am enclosing a copy from following documents with the present affidavit
  - A. Muslim Minority Certificate issued by State Government or any competent statutory authority
  - OR
  - B. Muslim Minority Certificate issued by local religious body (Madarsa/Masjid)
  - OR
  - C. School Leaving Certificate of self, mentioning religion as Muslim/Islam.
  - OR
  - D. School Leaving Certificate of my Father/ Mother mentioning religion as Muslim/Islam.
  - OR
  - E. Any other document: .....
5. That I have opted for admission under Muslim Minority Quota in MD/MS \_\_\_\_\_ (Name of Course) in Hamdard Institute of Medical Sciences & Research during the Academic Year 2022-23 at Jamia Hamdard (Deemed to be University) New Delhi-62, being fully aware that by doing so I abide by all the terms and conditions defined therein.
6. That I am fully aware and agree to the fact that my admission will be cancelled if at any time in future it is found that false information has been submitted or wrongly Represented by me or the documents submitted by me at the time of admission were found to be fraudulent / forged or I have made fraudulent claim of belonging to Muslim Minority Community.

Whatever stated herein above is true and genuine to the best of my knowledge and I affirmed without any undue influence, in force or coercion.

Solemnly affirmed at \_\_\_\_\_ this, \_\_\_\_\_ (date) Day of \_\_\_\_\_ Month of \_\_\_\_\_ Year.

Signature of the candidate  
Name: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Email ID: \_\_\_\_\_

Signature of the Parent/ Guardian  
Name: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Email ID: \_\_\_\_\_

(1) Witness Signature  
Name: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Email ID: \_\_\_\_\_

(2) Witness Signature  
Name: \_\_\_\_\_  
Mobile No: \_\_\_\_\_  
Email ID: \_\_\_\_\_