[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 MBBS under Muslim Minority Quota by birth at Hamdard Institute of Medical Sciences & Research, Jamia Hamdard, New Delhi-62]

AFFIDAVIT

I,		, aged	years,	
Son/Daughter of M	r	& Mrs		
Residing at			do hereby	
solemnly affirm and	d say:			
2. That I am a Mu3. That I belong to3. That I belong to I Section 2(c) of the4. That in support of A. Mo	g at above mentioned address since _slim by Birth. Islam religion by Birth. Muslim Minority community by birth he National Commission for Minority from the Minority Certificate issued by Muslim Minority Certificate issued by Muslim Minority Certificate issued by	h which is included in notified Mies Act, 1992, Government of Incopy from the following documents by State Government or any composite OR	dia. with the present affidavit etent statutory authority	
		OR hool Leaving Certificate of self, mentioning religion as Muslim/Islam.		
	OR chool Leaving Certificate of sent, mentioning religion as Muslim/Islam. OR OR OR			
E. R	egistered Family Tree (Shijra/Shajra			
Sciences & Res Delhi-62, being 6. That I am fully a it is found that	I for admission under Muslim Minori earch during the Academic Year 202 fully aware that by doing so I abide ware and agree to the fact that my ad- false information has been submitted	23-24, Jamia Hamdard (Deemed by all the terms and conditions d lmission will be cancelled if at ar l or wrongly represented by me o	to be University) New lefined therein. ny time & any stage in future or the documents submitted	
belonging to M	ne of admission were found to be fra uslim Minority Community by birth			
Whatever stated her influence, in force of	rein above is true and genuine to the or coercion.	best of my knowledge and I affir	med without any undue	
Solemnly affirmed	atthis,	_ (date) Day of Mor	nth of Year.	
	Please paste recent colore Passport size photograph of th candidate.	T Passoon size photograph of		
Mobile No: Email ID:		Name: Mobile No: Email ID:	e Parent/ Guardian	
(1) Witness Signature Name: Mobile No: Email ID:		(2) Witness Signature Name: Mobile No: Email ID:		