[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 De	elhi-62] AFFI	DAVIT		
I,		, aged	years,	Son/ Daughter of
Mr		& Mrs		Residing
at			do h	ereby solemnly
affirm and say:				
1. That I am residing at 2. That I am a Muslim 3. That I belong to Isla 4. That I belong to Mus. Section 2(c) of the N 5. That in support of my A. Muslim M B. Muslim C. School D. School E. Regist 6. That I have opted for Course) in Hamdard	Im religion by Birth. Ilim Minority community by birth (ational Commission for Minoritic) statement, I am enclosing a copy inority by birth Certificate issued in Minority by birth Certificate issued I Leaving Certificate of self, mental Leaving Certificate of my Father (Shijra/Shajra) admission under Muslim Minorit Institute of Medical Sciences & I Academic Year 2023-24, being for	which is included it es Act, 1992, Gover y from the following by State Governmen OR ued by local religion OR tioning religion as MOR r/ Mother mentioning OR	nment of India. g documents with the part or any competent states body (Madarsa/Mas/Muslim/Islam by birth. In religion as Muslim/MD/MS	present affidavit atutory authority jid) Islam by birth. (Name of University) New
that false information the time of admission Muslim Minority C	above is true and genuine to the b	Represented by me orged or I have mad	or the documents sub le fraudulent claim of	omitted by me at belonging to
Solemnly affirmed at	this,	(date) Day of	Month of	Year.
	Please paste recent colored Passport size photograph of the candidate.(sign across & verified by Notary)	Please paste rece Passport size phothe the Parent/Guardian/F .(sign across & ve Notary)	tograph of lusband/Wife	olored aph of pand/Wife
Signature of the candida Name: Mobile No: Email ID:		Mo	Signature of the me:	
(1) Witness Signature Name: Mobile No: Email ID:		(2) Witness Signature Name: Mobile No: Email ID:		