

SPECIMEN AFFIDAVIT

On Stamp Paper Rs.20/-

I _____ S/O, D/O _____ CNIC No. _____

_____ hereby submits the following documents for attestation to the Ministry of
National Health Services, Regulations & Coordination, 3rd Floor, Kohsar Block, Pak Secretariat, Islamabad: -

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

2. I further confirm that the above documents submitted for attestation are correct and free of any administrative and legal discrepancy / deficiency and I will be responsible for incorrect or invalid information, if any pertaining to the above documents for any administrative or legal consequence.

Signature: _____

Name: _____

Address: _____

Mobile #: _____

Date: _____