

# **Affidavit For Given**

I Mr. / Mst. .... S/O , D/O, W/O .....

CNIC No. .... PMDC No. .... hereby declared that my name has

appeared in the merit list 1st / 2nd / 3rd / 4th / 5th and I am giving my consent with willing to

continue the Program..... Specialty..... and

Hospital/Institution ..... and I agree to give consent in above selected

program **(Consent status will not change after giving consent)** and I will solely be responsible

for all activities in my login/account.

Name: \_\_\_\_\_

PMDC: \_\_\_\_\_

Father Name: \_\_\_\_\_

CNIC: \_\_\_\_\_

Consent Date: \_\_\_\_\_

Signature (as per CNIC) \_\_\_\_\_