



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA

अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना - 508126, भारत

Annexure-C

UNDERTAKING

I, Dr. _____ S/D/W of _____

R/o _____ Mobile No. _____

E-mail ID _____

Hereby solemnly declare as follows:-

1. That all my qualifying degrees MBBS/MD/MS/Mch/DM/DNB/Equivalent as declared by me on my application are recognized by MCI/regulatory body.
2. The Institute/College from which I have obtained my qualifying degrees (MBBS/MD/MS/Mch/DM/DNB/Equivalent) recognized by MCI/regulatory body in that particular year in which I passed my qualifying degree. There is no legal lacuna regarding the recognition of my degree by MCI.
3. I have registered my MBBS degree under _____ (Name of state council) and the registration number is _____, year _____.
4. I have registered my MD/MS/Mch/DM/DNB/Equivalent degree under _____ (name of the state council) and the registration number is _____, year _____.
5. All teaching and/or research experience (s) claimed by me in the application form are valid and from institutes recognized by Medical Council of India/regulatory body.
6. I belong to _____ category as per Govt. of India guidelines and have submitted a valid certificate to this effect.
7. That, my age falls in the upper age limit stipulated by the advertisement and I have a valid date of birth proof document/certificate to support this. And valid other relevant certificate to claim age relaxation as per advertisement (if applicable).
8. I have never been convicted by any court of law as on date.
9. I undertake that I have not suppressed any fact and all facts submitted and true to my best of my knowledge. That, if at any stage any information is found to be false or it as found that I am not fulfilling the requisite qualifications, experience as per the advertisement, then the interview and all subsequent actions including my appointment it may be considered null and void and I will abide by the decision as deemed fit by the competent authority.

Signature:

Date:

Full Name & Address:

Place: