Annexure -IV

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
HYDERABAD METROPOLITAN REGION (HMR) TELANGANA-508126, INDIA
अखिलभारतीयआयुर्विज्ञानसंस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र (एच एम आर), तेलंगाना – 508126, भारत

Affidavit format non-judicial stamp paper of Rs. 10/- or above and notarized

I, ... son/daughter of.....hereby solemnly affirm that the following statements made by me arc true to the best of my knowledge and belief that

1. I am a citizen of India.
2. I hereby undertake that my final result and tenure of B.Sc(N) course including internship is completed by 31July2024 & I am fulfilling eligibility criteria as notified in the prospectus for August 2024 session.
3. I fulfill the eligibility criteria as specified in the prospectus.
4. I have studied and understood the rules governing admission procedure, fee structure and agree to abide by these rules.
5. If admitted to AIIMS Bibinagar, I will abide by all its rules and regulations framed time to time regarding discipline, attendance, examinations and patient care etc. I understand that failure to comply with the rules and regulations may invite disciplinary action from the Institution authorities.
6. I will not involve myself in any action of ragging during the course of my education at AIIMS Bibinagar. I understand that involvement in ragging is a cognizable offence and it will result in police action and would result into cancellation of my admission to the course.
7. I will not be using any motorised vehicle (bike & car) in the campus of AIIMS Bibinagar. I understand that if found using the vehicle, it will be confiscated

Name of the candidate:
Date:
Place:

Left Thumb Impression of the Candidate

I, ... The father /mother/guardian of .. . . an applicant for admission to M.Sc. Nursing course at AIIMS, Bibinagar, hereby solemnly affirm that all the above statements made by my son/daughter/ward are true to the best of my knowledge and belief. I will be responsible for his/her conduct.

Name of the Parent/guardian:
Relationship to candidate:
Date:
Address with Phone No. and Email -
Signature of the Parent/Guardian

Left Thumb Impression of the Parent/Guardian