(AFFIDAVIT IN THE FOLLOWING FORMAT ON NON-JUDICIAL STAMP PAPER OF RS. 100/- DULY SWORN IN AND ATTESTED BY FIRST CLASS MAGISTRATE / NOTARY FOR DELAY IN APPLYING FOR REGISTRATION IN CASE DELAY IS MORE THAN SIX MONTH AFTER COMPLETION OF INTERNSHIP TRAINING.)

I DR._____ S/O SH. _____ R/O _____ DO HEREBY SOLEMNLY AFFIRM AND DECLARE AS UNDER :-

1. THAT I WAS A STUDENT OF MBBS OR CORRECT NOMENCLATURE OF QUALIFICATION IF OTHER THAN MBBS AT _____ MEDICAL COLLEGE FROM _____ TO _____

2. THAT I HAVE COMPLETED MY COMPULSORY INTERNSHIP TRAINING FROM _____ TO _____

3. THAT I HAVE COMPLETED MY COMPULSORY INTERNSHIP TRAINING FOR ONE YEAR / _____ (OR MORE AS THE CASE MAY BE) AT _____ (DETAILS OF HOSPITAL WITH COMPLETE ADDRESS.)

4. THAT I COULD NOT GET MYSELF REGISTERED WITH M.C.I. DUE TO _____ _____ (SPECIFIC REASON FOR THE DELAY MUST BE SPELT OUT BY THE CANDIDATE ALSO OF OTHER STATE COUNCIL.)

5. THAT I HAVE NO DONE ANY UNETHICAL PRACTICE AFTER COMPLETION OF ANY INTERNSHIP TRAINING. HOWEVER, IF ANY COMPLAINT IS MADE AGAINST ME FOR UNETHICAL PRACTISE DURING THIS PERIOD, I SHALL BE HELD RESPONSIBLE FOR THE SAME.

6. THAT ALL THE FACTS STATED ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DEPONENT.

VERIFICATION :

VERIFIED AT _____ THIS _____ DAY OF _____
THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

DEPONENT.
(WITH PHOTO OF CANDIDATE)