

AFFIDAVIT FOR RULES & REGULATIONS

I, _____ (full name of student)
NEET UG Roll No. _____ S/o,D/o _____, having
provisionally been admitted in MBBS programme Session 2024-25 at Rajshree Medical Research Institute, Bareilly, do
hereby declare that -

- 1) I am medically fit for the MBBS course and all the documents submitted by me for my admission are True and genuine. My admission may be cancelled if any of the documents submitted by me is found forged.
- 2) I will follow all the rules & regulations of the institute or mentioned in institute brochure. I will not indulge in any act which may bring bad name to the institute.
- 3) I have been informed that Hostel is mandatory for all the students and I shall keep my room neat & clean. Any loss of hostel amenities will liable to a cash fine. I know that non-vegetarian food inside the campus is strictly prohibited.
- 4) I will attend all academic activities of the institute in proper dress code, as prescribed, alongwith identity card. I will not use any alcoholic item / tobacco in the institute premises.
- 5) I will not keep any vehicle (two / four wheeler).

- 6) I shall submit my yearly fee timely, as prescribed, and will be liable to a cash fine if Fee submitted late.
- 7) I will attend the classes/practical/postings as per schedule & maintain min. of 80% attendance, as per NMC norms.
- 8) I also understand that if I become unsuccessful in achieving the required attendance OR required minimum marks i.e. 50%, as per NMC norms, in the internal assessment, I shall be detained and not allowed to appear in the examinations.
- 9) It is my sole responsibility to keep my parents/guardians informed/updated regarding my academic performance.
- 10) I will never use/keep my mobile phone in the academic block/hospital, if found, the mobile shall be seized. Heavy electrical appliances are strictly prohibited, in the hostel rooms. If found using the same the equipment/s shall be seized alongwith fine.
- 11) College will not be liable for any compensation or claim, in any circumstances for any injury/mishappening, inside or outside the premises during the course.
- 12) After completion of MBBS course I have to undergo one year of compulsory rotatory internship from Rajshree Medical Research Institute, Bareilly only. Students have to pay Hostel Fee for Internship period, as applicable at that time. Students will not be allowed to complete the internship from outside the institute.
- 13) Fee once submitted will not be refunded, in any circumstances. I shall be bounded to pay full course of fee in case of withdrawal of admission in any circumstances, during the course.
- 14) I will accept any punishment if found involved in any activity which is against the rules & regulations of the Institute.

Declared on this _____ (date) of _____ (month) of _____ (Year).

Signature of Student

Name:.....

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein. I also accept and give my consent for all the above mentioned contents.

Signature of Parents

Name:.....

GAP AFFIDAVIT

I , _____ (full name of student) NEET Roll No. _____
S/o, D/o Mr./Mrs. _____, having provisionally been admitted in MBBS programme
Session 2024-25 at Rajshree Medical Research Institute, Bareilly, do hereby declare that -

- 1) I had passed my Intermediate Examination (10+2) in the year _____
- 2) I declare that I did not take admission in any course of any institution / university after completion of intermediate.

OR

- After completing Intermediate I had joined (Course name)
from(college name with city) in year
- 3) After completion of 10+2 examination, there was a Gap of years, in my studies.

Declared on this _____ (date) of _____ (month) of _____ (Year).

Signature of Students

Name:.....

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____ (Place) on this the _____ (day) of _____ (month) , _____ (year)

Signature of Parents