ANNEXURE-1

${\sf AFFIDAVIT} \\ (\ {\sf TO}\ {\sf BE}\ {\sf SUBMITTED}\ {\sf ON}\ {\sf RS}\ {\sf 20/-}\ {\sf BOND}\ {\sf PAPER}\ {\sf AT}\ {\sf THE}\ {\sf TIME}\ {\sf OF}\ {\sf OFFLINE}\ {\sf SEAT}\ {\sf SELECTION})$

I, DR	SON / DAUGHTER
OF RESIDIN	G AT
HAVE APPEARED FOR POST GRADUATE ENTRA	ANCE TEST -KARNATAKA 2017 CONDUCTED BY
NATIONAL BOARD OF EXAMINATIONS, NEW	DELHI ORGANIZED BY THE DEPARTMENT OF
•	KARNATAKA DURING THE MONTH OF
AND HAVE SECURED S	CORE IN THE SAID TEST.
I HAVE SELECTED	COURSE IN
CATEGORY ON WITH PGET NO	AND RANK AND I HAVE PAID THE FEES
OF RS/ NOW, I AM PARTIC	CIPATING IN THE OFFLINE SEAT SELECTION FOR PG
MEDICAL / DENTAL COURSES - 2017, I AM FULLY AWARE THE CONDITIONS AND PROVISIONS OF	
CANCELLATION OF NRI / MANAGEMENT SEAT AND FORFEITURE CLAUSE.	
I HERE BY SOLEMNLY DECLARE THAT, IF I GE	T ALLOTMENT IN OFFLINE COUNSELING OF MY
SATISFACTION, I TAKE ALL RESPONSIBILITY OF GETTING ALL THE CLEARANCES BY THE EARLIER ALLOTTED	
COLLEGE.	
Date:	
PLACE	Deponent
Signature of the Candidate	Sworn Before Me
Mobile Number :	

Email: