

Annexure – V

Declaration by the Guardian  
(For admission under NRI quota seats)

I, (name of guardian) \_\_\_\_\_ son of Sri / Smt . \_\_\_\_\_ aged \_\_\_\_\_ years (Date of Birth \_\_\_\_\_) Holding an \_\_\_\_\_ Passport and residing at \_\_\_\_\_ Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ e-mail ID \_\_\_\_\_

I do hereby solemnly affirm and state that,

Dr. \_\_\_\_\_ S/o / D/o of \_\_\_\_\_ who is seeking admission to Post Graduate Medical / Dental Degree / Diploma courses through KEA for the year 2017-18 is my "ward".

I would wish to state that I am the guardian of the said candidate for the entire course of study and will be legally responsible for his/her Post Graduate study.

Passport Details.

Passport No. \_\_\_\_\_ Place of issue \_\_\_\_\_  
Date of Issue. \_\_\_\_\_ Date of Validity of Passport \_\_\_\_\_

Bank Account Details

Nature of Account \_\_\_\_\_  
Name of the Bank and Address \_\_\_\_\_  
Relationship with the student \_\_\_\_\_

(Signature of the Guardian)

Date: \_\_\_\_\_  
Place \_\_\_\_\_

**PGET NO:** \_\_\_\_\_ **NBE Testing ID: CD** \_\_\_\_\_

Note:

1. This letter to be submitted on or before 02-May-2017 5:00pm through email to [keauthority-ka@nic.in](mailto:keauthority-ka@nic.in) or by Fax to +91 80-23461576 or in person to KEA.
2. Original Letter to be submitted at the time of collecting Admission Order.