

Affidavit

(Notarized on Rs. 50/- Stamp Paper)

Format of affidavit to be submitted along with the Application for allotment of Compulsory Rotating Medical Internship seat.

I, [Your Full Name], D/o/S/o..... [Father's Full Name], Age [Your Age], Resident of.... [Your Address], solemnly affirm and declare as follows:

1. I have submitted FMGE Roll No..... [FMGE Roll Number] for the allotment of a compulsory rotating medical internship before the Madhya Pradesh Medical Council, Bhopal.
2. The certificate submitted along with the application for allotment of seats for a compulsory rotating medical internship is genuine and true.
3. I undertake that the documents and declarations submitted by me are authentic, and if found false, fabricated, or otherwise tampered with, the council shall have the right to cancel my application or allocation of seats and proceed with taking action against me in accordance with the law.

Place:

Deponent

Date:

[Your Signature]

Acknowledgement

I..... [Your Full Name], do hereby verify that the contents of paragraphs 1 to 3 of the above affidavit are true to my personal knowledge.

Verified at [Place of Verification] on this [Date of Verification].

Place:

Deponent

Date:

[Your Signature]