AFFIDAVIT

	I am	Dr		S/o-D/o					
address _									
	oy solemn d Medical	-	declare as he	ereunder for gra	nting n	ne Provis	ional Registra	tion in	
1.	That I an	n an Indian c	citizen by birth	,					
2.	That I have completed the				course & pass				
	from					in			
3.	That I ha	ave also qual	ified FMGE Sci	reening Exam					
4.	That	I have	submitted	photocopy	of	Pass	Certificate	issued	
	from (fo	oreign institu	tion)						
5.	That I have submitted photocopy of FMGE Screening Pass Certificate from National								
	Board of Examinations, New Delhi.								
6.	That I have submitted photocopy of Eligibility Certificate from National Medical								
	Commission, New Delhi/ NEET UG Result (2018).								
7.	That I have submitted photocopy of 10+2 Marks Sheet issued from								
8.	That if m	ny parent ins	titution send t	heir reply that I	have do	one some	e period of		

clinical/practical classes online, I will do two years of internship.

That I swear this affidavit to confirm my above statement before the authority concerned which is true and correct to best of my knowledge and belief.

In case of my submitted documents verification, from concerned authorities, is found to have any forgery or error and denied then I will be responsible for my documents and my Provisional Registration Certificate shall be cancelled by the Jharkhand Medical Council and my internship training will be stopped at the training institution.

If for no fault of this council office the verification is not completed, permanent registration will not be granted.

	Verification			
Identified by				
Sri	The statements made above are true to the best of my knowledge and belief and information and I sign this today at (place)			
Advocate,				
	Deponent Know to me			
	Advocate			