

DECLARATION BY PARENT / GUARDIAN AND STUDENT

- 1) We have read all the information / Rules and Regulations given in the Training Prospectus and we shall abide with all these rules and regulations.
- 2) We understand that Fees once paid will not be refunded to us under any circumstances.
- 3) We understand that the final selection to the Training will be subject to Medical Fitness
- 4) If selected, I understand that seat will be **registered only after payment of full Fees within the stipulated time** and that if the fee is not paid within the stipulated time, the seat will be offered to the next candidate in merit.
- 5) If selected and admission is provided, we will pay all fees for the second and third year within the stipulated due date and **understand my son / daughter will not be sent for exams if there are any fee dues.**
- 6) If selected, I will submit all the original certificates on time. I understand that if I do not provide the original certificates on time, the admission will stand cancelled.
- 7) The phone number provided by me is correct. I understand that all communication by the institution will be through the phone number provided by me.
- 8) I understand that Diploma courses are affiliated to CMAI or the Christian Medical Association of India.
- 9) I understand information regarding entrance exam / interview, will only be communicated by phone/wattsapp. I understand that the institution will not be held responsible due to any issues as I voluntarily apply for the course and also voluntarily appear for entrance and interviews.
- 10) I pledge that I have not paid any donation or capitation fees of any kind towards obtaining a seat

We declare that all information given by us in the Application Form is correct. We also understand that any false information or suppression of any factual information would lead to disqualification of selection.

SIGNATURE OF STUDENT

SIGNATURE OF PARENT / GUARDIAN
Full Address with Phone No.

Date:

Place: