

**Undertaking/Affidavit  
Chengde Medical College**

I Mr/Miss/Mrs: \_\_\_\_\_

S/O D/O W/O: \_\_\_\_\_

Do hereby solemnly declare that:

- 1) The information provided in my application form and the documents attached are correct and true to the best of my knowledge, if there is any incomplete or incorrect information, it will disqualify me from my admission.
- 2) At any time during the course of my study, if it is found that any information is incorrect or any documents produced at the time of admission under the rules, and regulations of Chengde Medical College, then the College has the right to dismiss me or to seek an alternative solution.
- 3) I shall attend at least 80% of the lectures, seminars, clinical and practical classes till the final year & will be punctual.
- 4) I will not indulge in any political, religious or student's organizations and I will not enroll or give advice regarding the admission to any student. All students who wish to take admission in Chinese universities will be referred to Dr Mohammed Sarwar Khan's office (Chinese Hospital) CISC for professional advice.
- 5) I will pay my tuition fee and/or hostel fee in time, any late payment will be subject to 10% surcharge and if the fee is not paid in full within 10 days from the time fee was demanded by the college or their Representatives, the college or their Representatives can expel me from the college temporarily or permanently. Any fees paid will not be refundable.
- 6) As a student enrolling in the college named above, I understand, accept and agree to abide by the rules, regulations and policies of the college and/or their Representatives and the local government, including both those in effect at the time of registration and those which may come into effect during my period of study. I confirm that I have read the institute's literature and understand the institution's program of study I will take, the level of education I will receive, the cost of my study and living expenses and the institute's expectations regarding my behaviour. I understand that there is no offer or guarantee of employment in conjunction with my studies.

I confirm that I have read the above and hereby understand the terms and conditions. I wish to apply for the Chengde Medical College, and authorize the Consultant CISC to act on my behalf in seeking admission.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Affidavit made by the student's Guardian

- 1) I \_\_\_\_\_ hereby fully endorse the Undertaking given by \_\_\_\_\_ and assures that he/she will abide this undertaking during his/her stay at the University.
- 2) I also make myself liable to pay all outstanding dues and will take full responsibility for his/her behaviour.
- 3) I take complete financial responsibility of the candidate and assure full payment of all his/her dues in time.
- 4) I am aware that his/her minimum per year pocket and food expenses will be approximate USD 1000. I take complete financial responsibility.
- 5) I am aware that the USD 1000 administration fee paid by his/ her in the first year is used for registration, transportation, Chinese Ministry of Education Certificate fee, program research and development and other administrative purposes and it is non refundable for any reason he/she discontinue his/her studies at the Chendge Medical College.
- 6) I am aware that he/ she has been informed by my consultant to have two sets of original **blood test and physical examination record**. One for the Chinese embassy in Pakistan and other for the authorities in China. He/ she has been informed by his/ her consultant to take one set of original blood reports, physical examination record, all my original school certificates and the original JW202 to the Chendge Medical College. And I am well informed that he/she may have to go through for re blood tests in China and if his/her previous medical test reports found bogus then he/she will be the responsible.
- 7) If the student once gone to university and then he/ she doesn't continue with his/ her classes and wants to go back then only 50 % of tuition and hostel fee will be refunded.

**(Signature of the Parents/Guardian of the student)**

Full Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

NIC #: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_