AFFIDAVIT

I Mr. /Miss	S/D of	from
	District	solemnly

declare that I will abide by the rules and regulations as set by the administration of College of Ophthalmology & Allied Vision Sciences, (COAVS) Lahore.

- 1. I will keep up 100% attendance in the classes before final examination.
- 2. I will attend outreach activities as and when required during the course.
- 3. I will pay admission & tuition fee as per Government of the Punjab decision.
- 4. In case of breach of course I am bound to deposit **Rs. 12000/-** (Rupees Twelve Thousand Only) per month otherwise would have to face official and legal proceedings.
- 5. I will observe strictly the discipline, rules & regulations related to course.
- 6. If found involved in any criminal act/unwanted activity/ misconduct/ violation of any rule then I would stand liable to be terminated from the course and to face the official and legal proceedings, in addition to deposit of **Rs. 12000/-** (Rupees Twelve Thousand Only) per month.
- 7. In all circumstances the decision of Principal/Director General COAVS, Lahore will be final & binding upon me.

DEPONENT (Name & Signature)

National ID Card / Domicile Reg. No.