## **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 <b>Rs. 12000/-</b> (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.
<b>DEPONENT</b> (Name & Signature)	

National ID Card / Domicile Reg. No.