

APPENDIX-G

AFFIDAVIT

(Note: Submission of this Affidavit is mandatory for all applicants applying under the PwBD category.)

I, _____, aged _____ years, son/daughter of _____, resident of _____, holding a valid UDID Card No. _____ issued by _____ on _____, do hereby solemnly affirm and declare as follows:

1. I declare that I am suffering from _____ Disability.
2. The condition causing this disability is diagnosed as _____
3. I confirm that I have familiarized myself with the requirements of the specialty course, i.e., _____ for which I am seeking admission, and I believe, to the best of my knowledge, that I possess the competencies required for successful completion of the said course.
4. I understand the competency-based Post Graduate Training Program applicable to the specialty course, and I shall make every reasonable effort to fulfil the tasks and requirements assigned to me during the course, seeking guidance or reasonable accommodation from the institution wherever necessary.
5. I understand that certain tasks/competencies during the course may carry implications for patient safety and care, and may involve additional physical, mental, or professional effort. I undertake to exercise due diligence, act responsibly, and proactively communicate with the institution regarding any support or accommodation I may require in this regard.
6. I am aware of the competency-based curriculum and tasks assigned therein for the specialty course and I undertake and declare that I shall perform all tasks assigned to me/ necessary during the specialty course and I shall be solely responsible for completion of such tasks, assigned to me.
7. I affirm that the statements made in this Affidavit are true and correct to the best of my knowledge and belief.

8. I understand that any material misstatement made herein may be reviewed by the institution in accordance with applicable rules, and could have implications for my admission.

Deponent Signature_____

Date:

Place:

Notarized by: