

SPECIMEN AFFIDAVIT BY THE CANDIDATE AND FATHER / GUARDIAN

(Don't fill here. Fill on stamp paper of Rs. 20/- and submit to the Chairman/
Director of the concerned department / Institute at the time of
depositing admission fee)

A. CANDIDATE

I _____ S/O, D/O _____ do hereby state on solemn affirmation that, I shall:

- (a) abide by all the rules/regulations regarding admission. conduct of academic program, discipline etc. enforced in Mehran University / campus at present or to be approved and implemented in future.
- (b) conform my activities to the academic pursuits during my studies at the University / Campus and would not indulge in any political activities directly or indirectly at the campus. I fully understand that in case of breaking my pledge I shall be liable to be expelled from the University / Campus.
- (c) Never use violence or threat or pressure in an dispute with others.
- (d) Not hold a gathering or meeting or take out processions in any part of the University / Campus other than the areas specified for the purpose.
- (e) Not induld in any kind of unfair or unlawful means / malpractice in examination and correction by any means.
- (f) Not bring into campus consume or encourage consumption of alcoholic products, drugs and narcotics not indulge in acts of moral aptitude.
- (g) Not bring or keep any type of weapons within the University / Campus premises.
- (h) Not damage any University / Campus property, including building, equipment, vehicles etc. in any manner.
- (i) Not seek employment during my study at this University / Campus. However I will produce employer's NOC, in case I am already employed.
- (j) Neither seek admission any where during my studies at Mehran University / Campus nor I have admission in any other institution. If at any stage, it is discovered otherwise my admission is liable to cancellation.
- (k) Be regular and punctual in the classes of the University / Campus. In case my attendance is below the requirement as per Regulations of the University, I shall not claim to appear in the examination.

B. FATHER / GUARDIAN

Signature of candidate

I _____ S/O, D/O, W/O _____ do hereby certify that my son / daughter / ward Mr./Ms. _____ is submitting this affidavit to Mehran University of Engineering & Technology with knowledge and consent. I hold myself responsible for his / her good conduct, for all the other above pledges and for all educational expenses that may be incurred during his / her study at the University / Campus and pay all arrears that fall due him / her.

Place _____

Date _____

Signature of father / guardian

B. SURETIES / REFERENCES (Guarantors for the pledge made by the applicant and the Father / Guardian)

1. Name _____ Designation / Occupation _____
Address of Survey No. 1 _____
National Identity Card No. _____ Signature _____
2. Name _____ Designation / Occupation _____
Address of Survey No. 1 _____
National Identity Card No. _____ Signature _____

Attested by First Class Magistrate / Oath Commissioner (With Seal)

PHYSICAL FITNESS CERTIFICATE

To be submitted to the Chairman/Director of the concerned department/
Institute at ther time of depositing admission fee

I certify that I have thoroughly examined Mr./Ms. S/O,
D/O and I do not find
any disease, which could prevent him /her from hard work and continous studies at Mehran
Universtiy of Engineering & Technology.

Identification Mark (if any):

Pulse Rate

Vaccination Marks

Right Arm

Left Arm

Height.....meter.....c.m

Vision (Without Glasses)

Weight:..... K.Gms

Left Eye

Right Eye

Chest expended:..... cm

(Vision should be 6/6 with or without glasses)

Chest unexpended:..... cm

Number of Teeth:

Range of expansion..... cm

Blood Group:

It is certified that the above named candidate:

- (i) Does not suffer from any inveterate skin desease.
- (ii) Does not suffer V.D;
- (iii) Does not bear traces of previous acute of chronic desease pointing to and impaired constitution.
- (iv) does not suffer from any contagious disease.
- (v) Is not deaf and dumd, and
- (vi) X-Ray examination of his/her chest is satisfactory.

Signature of Medical Practitioner.....

PMDC Registration No.....

Place.....

Date.....