

AFFIDAVIT

We namely the applicant Miss/Mr.....D/o.....Resident of
..... Parent/Guardian of the applicant name there in has applied for
the admission in Lajjiawati Jain Memorial Nursing Institute, Raikot (Dist.Ludhiana).

We solemnly affirm declare as under:

- ❖ We shall abide by the rules and regulation of Lajjiawati Jain Memorial Nursing Institute, Raikot (Dist.Ludhiana) given in the Admission/Registration form and prospectus made by the authority there after.
- ❖ We will responsible for the timely payment of all the dues and other charges payable to Lajjiawati Jain Memorial Nursing Institute, Raikot (Dist.Ludhiana) during the period of applicant's study. We understand that Fees/Dues paid are not refundable.
- ❖ We agree to abide by the discipline of the institution. The applicant herself/himself of all the opportunities of academic instruction will appear in all the tests of the institution whenever required to do so by the authority.
- ❖ In case of any breakage of equipment, materials either in the hospital or in the hostel or in the Demonstration Room or in the laboratories etc. we agree to bear the cost of the breakage.
- ❖ If the applicant directly or indirectly takes in any movement to create any kind of disturbance during the training period in the institution or hold or address a meeting in the institution without permission of the Principal/Director in anyway, then we shall agree that the applicants name may be eliminate from the rolls of the institution or that candidate may be fined, expelled or rusticated from the institution as decided by the discipline committee. We also agree that the decision of the discipline committee in such matter shall be final and binding.
- ❖ If admitted we agree that the applicant admission can be cancelled if any incorrect or incomplete information has been submitted to the authority. We also agree that in such case fees shall not be refundable.
- ❖ At the end of the preliminary training period the applicant's record of work, class marks and result of house examination are not satisfactory or she/he fails short of any essential qualities for the nursing profession .The candidate cannot be accepted for promotion to the full membership of the institute.
- ❖ We agree to pay the full amount of the hostel rent as well as institute fee if the applicant left the institute before the completion of the course.
- ❖ We declare that we have not paid any donation or any another fund seeking admission to the institute except the amount mentioned in the receipt.
- ❖ We shall not claim hostel accommodation as a matter of right.
- ❖ During the entire course of training period management will be empowered to increase charge the fee funds at any time we would not object to it.

Note: We have read the above declaration carefully and agree to abide by the same:

.....
Signature of the Parent/Guardians

Date:

.....
Signature of the Applicant

Place: