

For Issuance of Experience Certificate

AFFIDAVIT

(DEMONSTRATOR/LECTURER/SENIOR DEMONSTRATOR/ SENIOR LECTURER/SENIOR REGISTRAR/ASSISTANT PROFESSOR/ ASSOCIATE PROFESSOR & PROFESSOR ETC . MEDICAL/DENTAL COLLEGE/UNIVERSITY/DAIS)

Affidavit of Dr.....S/O

CNIC No PM&DC / PMC No

Designation..... Date of Appointment Department of Work

Duration of Appointment: FromTo

Personal responsibilities Full time/ Part time/ Contract/ Adhoc, the undersigned duly affirm and declare on oath as under:-

- 1. That. I the undersigned duly depose that all the credentials, and training letters present in my personal file are correct and true.
- 2. That the undersigned has not worked during his duty hours at any other department/ institutions.
- 3. That I the undersigned shall be responsible personally and shall be liable to face any legal proceedings initiated before BUMHS in case any discrepancy is found in documents, any fake documents was submitted or any concealment of facts.

Note: Full Time Faculty i.e. the faculty which is available in medical/dental college / university /hospital for teaching, training and education for at least six hours per day during college hours.

Deponent:_____

Verification:-

It is verified, on oath dated ___/___/_____at Quetta that the above statement is correct and true to the best of my knowledge and belief and nothing has been concealed therein.

Deponent:_____