

**KHYBER MEDICAL UNIVERSITY
UNDERTAKING / AGREEMENT [1]**

(To be filled by the candidate on Judicial Bond of Rs. 30/- and duly attested by the Deputy Commissioner /
Political Agent / DCO / First Class Magistrate).

I Mr. / Miss. _____ Son/Daughter/Wife of _____
Resident of _____

Do hereby solemnly undertake to abide by the following:

- i. That I have read the Prospectus of KMU-IMS, Kohat and hereby agree to conform to all provisions of the statutes of the Institute or statutes and rules as may hereafter be framed by the appropriate authorities.
- ii. That the information furnished in, and documents attached with the application form, are correct, and I fully understand that at any time during the course of my study, if it is found that any information is in-correct or any document produced at the time of admission is false, which would have rendered me ineligible for admission under the rules, my name shall immediately be struck off the institute roll.
- iii. That I shall, in case my name is struck off under clause (ii) above, not be entitled to claim refund of any fee paid by me. In addition I shall pay to the Principal as liquidated damages at the rate of Rs. 100,000 (one Lac) per year of my studies in KMU-IMS, Kohat.
- iv. That I shall, have minimum attendance of 75 percent, diligently apply myself to acquire and develop the skill necessary for the practice and advancement of my study in order to qualify for examination and I will not be promoted to the next higher class unless I have cleared all the subjects.
- v. That I shall maintain identity as a student of the institute by wearing Institute uniform. I shall participate fully and whole heartedly in games and extracurricular activities.
- vi. That hostel accommodation will be provided subject to availability, in case of non- availability of hostel accommodation, I will not ask for any accommodation.
- vii. That I will not indulge in politics of any type and will not be a member of any political party/ organization / students Federation, holding a gathering, meeting or taking out procession in any part of Campus. I understand that my failure to observe this clause of undertaking would result in cancellation of my admission / expulsion from the Institute, and that the decision of the authorities concerned will be final.
- viii. That I shall never use violence, threat of violence and pressure in any dispute with others, all means and methods shall only be logic, persuasion, petition, appeal, revision, review and other legal and peaceful method for settlement of differences and disputes.
- ix. That in any dispute with students, teachers and employees of the institute I shall accept the judgment of the committee constituted by the principal for decision of settlement of the wrong doers.
- x. Further, I do hereby solemnly undertake to refrain from:-
 - a. Doing anything which may cause injury or insult to head, teacher, officers and other staff of institution.
 - b. Holding a gathering, meeting and taking out procession in any part of Campus other than areas specified for the purpose.
 - c. All kinds of unfair means in examination.
 - d. Allowing or abetting the entry to the premises of the Institute of expelled students, anti-social elements or others whose presence in the Campus could cause conflict amongst the students.
 - e. Bringing into the Campus, consuming or encouraging consumption of alcoholic products, drugs and narcotics and indulging in acts of moral turpitude.
 - f. Bringing or keeping any type of weapons within the University / Institute premises.
 - g. Using or occupying any room or part of any building of the Institution without lawful authority.
 - h. Subletting any hostel room to unauthorized persons.
 - i. Damaging any University / Institute property including building, equipment and vehicles etc. in any manner.
 - j. Indulging in any violent or any other unsuitable activities even outside the Institute, which may bring bad name to the Institute.

- k. From all such acts and deeds as might bring disgrace and bad name to the Institute.
- xi. In case I am reported to be guilty / involved in any of the aforesaid activities during my stay in the medical Institute, the Institute authorities can rusticate me from the Institute temporarily or expel me permanently. I will not try to create law and order situation or instigate the students of the Institute or of any other institution against the action taken by the institute and further more I will not go to any Court of Law in this regard. In case of my expulsion from Institute I shall pay to the Principal as liquidated damages at the rate of Rs.100,000 (one Lac) per year of my study in the Institute.
 - xii. If it is reported that I have not honoured the decision of the Institute authorities as described above, I shall be liable to pay Rs. 2,00,000/- (Two Lac) per year of my study in the Institute as damages to the Khyber Medical University
 - xiii. In case there is any dispute between me on one hand and the administration of the Institute on the other hand regarding my involvement in a disciplinary or political matter or regarding the imposition of any penalty or damages on me, the matter shall be referred to the Principal, as the sole arbitrator and his decision in such capacity shall be final and shall not be challenged in any court of law.
 - xiv. I will abide by the decision of the Institute Authorities. In case I am found guilty of indiscipline, defamation, disrespect of the Staff and other anti-institutional activities, I will abide by the rules and decisions regarding the house job.
 - xv. I understand that if it is found that I was not entitled for admission according to the KМУ-IMS, KOHAT Admission policy at any stage of MBBS course or if it is found that I was not entitled for admission in preference to the other candidates who applied for admission, my admission will stand canceled.
 - xvi. I solemnly declare that I do not have double domicile certificate.

Signature of the Student: _____

Name: _____

CNIC No / Computerized Form – B No: _____

Father's Name: _____

CNIC No: _____

Permanent Address: _____

Present Postal Address: _____

Dated: _____ / _____ / _____

**KHYBER MEDICAL UNIVERSITY
UNDERTAKING / AGREEMENT [2]**

To be filled by father / mother / husband / guardian of the candidate on Judicial Bond of Rs. 30/- and duly attested by the Deputy Commissioner Political Agent / DCO / First Class Magistrate).

I _____ Son/Daughter/Wife of _____
and Father/Mother/Husband/Guardian of _____ hereby fully endorse the undertaking given by my Son/Daughter/Wife/Ward and assure that he / she will abide by this undertaking during his / her stay in the Institute.

i. I also make myself liable to pay Rs. 1,00,000 (one hundred thousand) per year of his / her study in the Institute in case of any breach of the above mentioned undertaking by my Son/Daughter/Wife/Ward, Mr./ Miss. _____.

ii. I _____ Father/Mother/Husband/Guardian of Mr./Miss _____ assure that my Son/Daughter/Wife/Ward will not indulge in politics of any type and will not be a member of any political party/organization/students Federation nor will he / she attend any meeting of such organizations. Such involvement on his / her part may lead to his / her expulsion from the Institute, and that the decision of the Principal in this regard will be final.

DEPONENT

Signature: _____

Full Name: _____

CNIC No: _____

Father's Name: _____

Present Postal Address: _____

Witness-1

Signature: _____

Name: _____

CNIC No: _____

Father's Name: _____

Present / Postal Address: _____

Permanent Postal Address: _____

Witness-2

Signature: _____

Name: _____

CNIC No: _____

Father's Name: _____

Present / Postal Address: _____

Permanent Address: _____

ATTESTED

Signature and Stamp of Political Agent/First Class Magistrate

**KHYBER MEDICAL UNIVERSITY
AFFIDAVIT FOR GUARDIANSHIP**

(To be filled on stamp paper of any denomination) (TO BE PRODUCED ON STAMP PAPER)

I _____ Son/Daughter/Wife of _____
do hereby solemnly declare that my father has died in the year _____ and
_____ is my guardian.

1. Signature of candidate: _____

Name of Candidate: _____

CNIC No. of candidate: _____

2. Signature of Guardian: _____

Name of Guardian: _____

CNIC No. of Guardian: _____

KHYBER MEDICAL UNIVERSITY
CERTIFICATE OF LOCATION OF EDUCATIONAL INSTITUTES

(To be submitted by the candidates applying against Backward Areas and FATA inner seats)

Office of Executive District Officer (Education) District/Agency/FR: _____

Certified that Mr./Ms. _____

S/O,D/O _____ has been studying in the District/Agency/FR of _____ as follows:

Class	Full Name of School/College	Year (From-To)	Board
Primary (1-5)			
Middle (6-8)			
Matric (9-10)			
F.Sc Part-I (11)			
F.Sc Part-II (12)			

Signature of EDO (Education)
With official stamp

Verified by the DCO of concerned District/FR or PA of Agency

DCO/PA: _____
With official stamp

**KHYBER MEDICAL UNIVERSITY
STUDY COMPLETION BOND**

To be filled by the student on Stamp paper of Rs. 30/- and duly attested by First Class
Magistrate/Political Agent/Oath Commissioner in the presence of two witnesses.

I _____ S/O/D/O/W of _____

hereby solemnly affirms that I will complete the whole tenure of my study of four years BDS Programme in
KMU-IDS, KOHAT. I will not seek admission in any other medical institute nor will I reappear in ETEA test at
any stage of my study tenure.

I further agree to the provision that my original documents shall remain in safe custody with KMU-
IDS, KOHAT till the completion of my study tenure and I shall not demand for its return back to me before the
completion of my study tenure.

In case, I intend to cancel my admission at any stage of my study period, after the closure of admission, I shall
be liable to a penalty of Rs. 400,000/- (Four Hundred Thousand) for wasting a precious seat. The
original document will be returned to me only after the payment of the due penalty.

Signature of Student: _____

Name of Student: _____

Father's Name of the student: _____

CNIC # of the student: _____

Present Postal Address: _____

Permanent Address: _____

Witness-1

Witness-2

Signature: _____

Signature: _____

Name: _____

Name: _____

CNIC No: _____

CNIC No: _____

Father's Name: _____

Father's Name: _____

Present / Postal Address: _____

Present / Postal Address: _____

Permanent Postal Address: _____

Permanent Address: _____

Signature and Stamp of

First Class Magistrate/Political Agent/Oath Commissioner: _____