AFFIDAVIT FORMAT FOR A UT PwD CATEGORY CANDIDATE

(To be attested by first class magistrate / first class judicial magistrate)

I, Mr./Ms. _____, Son/Daughter of _____, aged _____ years, resident of _____, do hereby solemnly affirm and declare as under:

1. That I have applied for admission against BOPEE Notification No.....Dated:..... under UT rank..... in Govt. Medical College Handwara, under the Persons with Benchmark Disabilities (PwBD) category.
2. That I have submitted my disability certificate and other relevant medical documents in support of my claim under the PwD category.
3. That I understand that my disability status and eligibility under the PwD category are subject to assessment and verification by the Medical Board of concerned medical college or referral Standing medical board.
4. That I am being considered for provisional admission pending the final assessment and report of the Medical Board of concerned medical college or referral Standing medical board.
5. That I hereby undertake to appear before the Medical Board whenever directed by the competent authority / Concerned Medical College and to undergo the required medical assessment.
6. That I fully understand and agree that my provisional admission under the PwD category shall stand confirmed and become valid only upon submission of a positive Medical Board assessment report confirming my eligibility under the applicable PwD admission criteria.
7. That in the event the Medical Board assessment report is negative or does not confirm my eligibility under the PwD category criteria, my provisional admission shall not stand confirmed and the admission authority shall be entitled to take appropriate action in accordance with the applicable admission rules.
8. That I shall abide by the final decision of the Medical Board and the competent admission authority.
9. That all information and documents furnished by me are true and correct to the best of my knowledge and belief, and nothing material has been concealed.