

POST GRADUATE MEDICAL [DEGREE/DIPLOMA] COURSES KERALA 2014

DECLARATION

(To be attested by a Govt. Gazetted officer)

I hereby declared that all the information furnished by me in the Application form are correct to the best of my knowledge and belief and that, I have read and hereby accept all the conditions of admission to the Post Graduate Degree/Diploma Courses -2014 as contained in the Prospectus and I agree to join the Course to which selected and College to which allotted and shall not engage myself in private practice during the period of the course.

Signature of applicant :

Place:

Date:

Signature of Attesting Officer :

Name :

Designation :

(Office Seal)