

# AFFIDAVIT

Passport  
Size  
Photograph

I .....  
S/o / D/o .....  
& ..... aged about ..... resident of .....  
.....  
District ..... State ..... Pin .....  
by faith ..... by caste ..... by occupation .....  
does hear by solemnly affirm / swear as follows :-

1. That I am a student of Aarohan College of Pharmacy undergoing D.Pharma Course through regular mode.
2. That I have read & understand the rules and regulations given in the prospectus of the college.
3. That I will abide by rules and regulation currently in force and the amended/alterd in future from time to time by the management of Aarohan College of Pharmacy.
4. I will not indulge in any activity that would tarnish the image of the institution.
5. That the management of Aarohan College of Pharmacy has every right to suspend dismiss me from the college or even debar from the examining body in case I breach the code of conduct.
6. That the fees once paid will not be refunded under any circumstances.
7. That my admission is subject to the approval from management of Aarohan College of Pharmacy.
8. That the information furnished in Application/Admission Form is true and correct.
9. That if at any time, it is found that any information or Documents presented by me is false then my enrollment is liable to be cancelled & action against me can be taken.
10. That I will secure at least 80% attendance to appear in the Examination.
11. That I will secure at 90% attendance in Practice Teaching to appear in the Examination.

**Signature of the Candidate**

**(Counter signature by the)  
Parents/Guardian**

Name :

Name :

Address with Contact No.

Address with Contact No.