

**ANNEXURE-I****SURETY BOND (Specimen)**

*(To be submitted in the college where the candidate is admitted on minimum Rs.50/- stamp paper for admission against under developed districts' seats)*

1. It is certified that Mr./Ms. \_\_\_\_\_  
\_\_\_\_\_ S/O, D/O, \_\_\_\_\_ is a permanent resident of district \_\_\_\_\_.
2. I (student) solemnly declare that if admitted in MBBS/BDS against reserved seats of district \_\_\_\_\_, I will serve in my district for five years after graduation or in default I will be liable to pay Rs.5,00,000/- to the Government of the Punjab in addition to any other amount pledged by me at the time of admission.
3. I solemnly pledge that in case I am admitted against Open Merit as well as Reserved Seat, I will avail only one seat by my choice and let the other seat forgo, by submitting a written statement.
4. I (father) solemnly declare that the statement made above by my son/daughter is true and in case of violation the candidature/admission of my son/daughter will be cancelled.
5. I (father) solemnly declare that after graduation, my son/daughter will serve in the district \_\_\_\_\_ for five years and in case of violation I will be liable to pay Rs.5,00,000/- to the Government of the Punjab in addition to any other amount pledged by him/her on account of my son/daughter as a fine or my son/daughter will be liable to any legal action which the government may deem fit to take.

**Witness-I:**\_\_\_\_\_  
Signature of the candidate\_\_\_\_\_  
Name of the candidate**Witness-II:**\_\_\_\_\_  
Signature of the father/guardian\_\_\_\_\_  
Name of the father / guardian

## ANNEXURE-II

**CERTIFICATE VERIFYING EDUCATION FROM AN  
UNDER-DEVELOPED DISTRICT**

Name of Candidate: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

District of Domicile: \_\_\_\_\_

CNIC # of Candidate: \_\_\_\_\_

Sr. No.	Class/ Grade	Name of Institution	Years during which the applicant remained in the Institution	Name, Sign, and Stamp of Headmaster/ Principal of Institution
1.	1 – 5			
2.	6 – 8			
3.	9 – 10			
4.	11 – 12			

*Verified by District Authorities*

**CEO**  
**(District Education Authority)**  
**Name & Stamp:**

**DEO**  
**(Colleges)**  
**Name & Stamp:**

**Deputy Commissioner** *(Relevant Under-Developed District)*

**ANNEXURE-III****CERTIFICATE**

*(To be provided on Official Letter Head of Cholistan Development Authority, Bahawalpur and to be submitted by the candidate after scanning with his/her online application)*

No. \_\_\_\_\_

Dated: \_\_\_\_\_

It is certified that antecedents reported below are correct and duly verified by our field staff:

Name of Candidate: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Resident of (Full Postal Address): \_\_\_\_\_

<b>Cholistani by Birth</b>		<b>Actual Residence in Cholistan</b>	
<b>Verified</b>	<b>Not Verified</b>	<b>Verified</b>	<b>Not Verified</b>

Remarks (if any): \_\_\_\_\_

**Managing Director  
Cholistan Development Authority  
Bahawalpur**

**ANNEXURE-V****AFFIDAVIT (Specimen)**

*(To be submitted in the college where the candidate is admitted on minimum Rs.50/- stamp paper by a candidate previously admitted in any medical/dental institute of the country)*

I, Mr/Ms. \_\_\_\_\_ S/D/O \_\_\_\_\_  
solemnly declare that I am admitted in \_\_\_\_\_ year class of MBBS/BDS in  
(Name of the college) \_\_\_\_\_, \_\_\_\_\_ (City) \_\_\_\_\_. However, I am desirous of getting admission in  
a Government Medical/Dental Institution of the Punjab on merit.

I solemnly pledge that if offered admission to First Year class of a Government Medical/Dental Institution of the Punjab, I will forgo my previous admission, any credit of examinations passed and previously paid dues.

I also declare that I have not been expelled/debarred for admission under any provision of the prospectus.

I also declare that I have paid the full self-financing fee for an additional year (if earlier admission was on self-financing seat).

\_\_\_\_\_  
Signature of the candidate

\_\_\_\_\_  
Name of the candidate

\_\_\_\_\_  
Signature of the father/guardian

\_\_\_\_\_  
Name of the father / guardian

**Verification by Principal of the college**

Sign: \_\_\_\_\_

Name: \_\_\_\_\_

Official Stamp: \_\_\_\_\_

Date: \_\_\_\_\_