



UNDERTAKING BY PARENTS / GUARDIANS

(TO BE TYPED ON STAMP PAPER OF RS. 100)

I, _____ Parent / Guardian of _____ do

Here by undertake assure that my Son/ Daughter/ Sister/ Brother/ Wife/ Ward will not join any political activity directly or indirectly throughout his/ her career as student of Doctor of Physiotherapy Course.

I also understand that if my Son/ Daughter/ Sister/ Brother/ Wife/ Ward found involved in any political activity prejudice to moral character, I shall have no objection to his/ her prior examination rustication from the SIMRAH INSTITUTE OF MEDICAL AND HEALTH SCIENCE JAMSHORO. I also undertake further that after final Selection/ Provisional Admission in Doctor of Physiotherapy Course of my Son/ Daughter/ Sister/ Brother/ Wife/ Ward at the INSTITUTE OF MEDICAL AND HEALTH SCIENCE JAMSHORO, he / she will not be entitled to issuance of any certificate from the Institute under the admission category of District Merit, Self-Finance and Overseas Course of Doctor of Physiotherapy. However, in case my Son/ Daughter/ Sister/ Brother/ Wife/ Ward leave Institute (SIMHS) SIMRAH INSTITUTE OF MEDICAL AND SCIENCES discontinues before completion of the Course. He/ She shall be liable to penalty of Rs. 100, 000/- (Rupees One Hundred Thousand/One Lac) only payable through pay order / Demand Draft to INSTITUTE OF MEDICAL AND HEALTH SCIENCES (SIMHS) SIMRAH INSTITUTE OF MEDICAL AND SCIENCES

Signature of Parent / Guardian

C.N.I.C. No. _____

Full Address: _____

Contact No: _____

ATTESTATION BY JUDICIAL MAGISTRATE. WITH ROUND STAMP / SEAL