

I, _____ S/o, D/o _____,
Bearing CNIC No. _____ resident of _____ do hereby
solemnly affirm and declare as under:

1. That I have been granted admission to the BS _____ (4-Year Program) at Prime College of Allied Health Sciences, a project of Prime Foundation, duly affiliated with Khyber Medical University (KMU), Peshawar.
2. That I undertake to abide by all rules, regulations, and policies of the Prime College of Allied Health Sciences and Khyber Medical University during the entire period of my study.
3. That I shall maintain discipline, regular attendance, and good moral conduct, and shall not participate in any political, unethical, or unlawful activities within or outside the college premises.
4. That I shall pay all dues and fees as prescribed by the college on time and understand that non-payment may result in suspension or cancellation of my admission.
5. That I shall*not claim any refund of admission fee, tuition fee, or any other charges once deposited, under any circumstances.
6. That I am fully aware that my admission is provisional and subject to verification of my educational documents and eligibility as per the criteria lay down by Khyber Medical University.
7. That in case of any misconduct, violation of rules, or submission of false documents, my admission shall be liable to cancellation without any prior notice, and legal action may be initiated against me.
8. That my parents/guardian and I shall be fully responsible for my conduct and compliance with college regulations throughout the duration of the program.

9. That I will not hold the institution responsible for any injury, accident, or loss occurring during academic, clinical, or extracurricular activities within or outside the campus.

Deponent Signature: _____

Full Name: _____

CNIC No.: _____

Date: _____