

**UNDERTAKING BY PARENT / GUARDIAN**

(To be typed on Rs.20/= Stamp Paper)

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_ do hereby undertake and assure that my son/ daughter/ ward will not join any political activity directly or indirectly throughout his/her career as medical student.

I also understand that if my son/ daughter/ward is found involved in any political, ethnical or any other activity prejudice to moral character, I shall have no objection to his prior examination / rustication from the University.

Signature of Parent Guardian

Full Address \_\_\_\_\_

\_\_\_\_\_

C.N.I.C NO. \_\_\_\_\_

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

Attested by 1<sup>st</sup>: class MAGISTRATE