

SPECIMEN AFFIDAVIT BY THE CANDIDATE AND FATHER / GUARDIAN

(Don't fill here. Fill on stamp paper of Rs. 20/- and submit to the Chairman/  
Director of the concerned department / Institute at the time of  
depositing admission fee)

A. CANDIDATE

I \_\_\_\_\_ S/O, D/O \_\_\_\_\_ do hereby state on solemn affirmation that, I shall:

- (a) abide by all the rules/regulations regarding admission. conduct of academic program, discipline etc. enforced in Mehran University / campus at present or to be approved and implemented in future.
- (b) conform my activities to the academic pursuits during my studies at the University / Campus and would not indulge in any political activities directly or indirectly at the campus. I fully understand that in case of breaking my pledge I shall be liable to be expelled from the University / Campus.
- (c) Never use violence or threat or pressure in an dispute with others.
- (d) Not hold a gathering or meeting or take out processions in any part of the University / Campus other than the areas specified for the purpose.
- (e) Not indulge in any kind of unfair or unlawful means / malpractice in examination and correction by any means.
- (f) Not bring into campus consume or encourage consumption of alcoholic products, drugs and narcotics not indulge in acts of moral aptitude.
- (g) Not bring or keep any type of weapons within the University / Campus premises.
- (h) Not damage any University / Campus property, including building, equipment, vehicles etc. in any manner.
- (i) Not seek employment during my study at this University / Campus. However I will produce employer's NOC, in case I am already employed.
- (j) Neither seek admission any where during my studies at Mehran University / Campus nor I have admission in any other institution. If at any stage, it is discovered otherwise my admission is liable to cancellation.
- (k) Be regular and punctual in the classes of the University / Campus. In case my attendance is below the requirement as per Regulations of the University, I shall not claim to appear in the examination.

B. FATHER / GUARDIAN

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

I \_\_\_\_\_ S/O, D/O, W/O \_\_\_\_\_ do hereby certify that my son / daughter / ward Mr./Ms. \_\_\_\_\_ is submitting this affidavit to Mehran University of Engineering & Technology with knowledge and consent. I hold myself responsible for his / her good conduct, for all the other above pledges and for all educational expenses that may be incurred during his / her study at the University / Campus and pay all arrears that fall due him / her.

Place \_\_\_\_\_

Date \_\_\_\_\_

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

B. SURETIES / REFERENCES (Guarantors for the pledge made by the applicant and the Father / Guardian)

- 1. Name \_\_\_\_\_ Designation / Occupation \_\_\_\_\_  
Address of Survey No. 1 \_\_\_\_\_  
National Identity Card No. \_\_\_\_\_ Signature \_\_\_\_\_
- 2. Name \_\_\_\_\_ Designation / Occupation \_\_\_\_\_  
Address of Survey No. 1 \_\_\_\_\_  
National Identity Card No. \_\_\_\_\_ Signature \_\_\_\_\_

Attested by First Class Magistrate / Oath Commissioner (With Seal)

## PHYSICAL FITNESS CERTIFICATE

To be submitted to the Chairman/Director of the concerned department/  
Institute at the time of depositing admission fee

I certify that I have thoroughly examined Mr./Ms. .... S/O,  
D/O ..... and I do not find  
any disease, which could prevent him /her from hard work and continuous studies at Mehran  
University of Engineering & Technology.

Identification Mark (if any):

Pulse Rate .....

Vaccination Marks .....

Right Arm .....

Left Arm .....

Height.....meter.....c.m

Vision (Without Glasses) .....

Weight:..... K.Gms

Left Eye .....

Right Eye .....

Chest expanded:.....cm

(Vision should be 6/6 with or without glasses)

Chest unexpanded:.....cm

Number of Teeth: .....

Range of expansion.....cm

Blood Group: .....

It is certified that the above named candidate:

- (i) Does not suffer from any inveterate skin disease.
- (ii) Does not suffer V.D;
- (iii) Does not bear traces of previous acute or chronic disease pointing to and  
impaired constitution.
- (iv) does not suffer from any contagious disease.
- (v) Is not deaf and dumb, and
- (vi) X-Ray examination of his/her chest is satisfactory.

Signature of Medical Practitioner.....

PMDC Registration No.....

Place.....

Date .....