

Gap Affidavit

(on Rs. 100/- non-judicial stamp)

I, Dr.

s/o, d/o, w/o Age years,

resident of

do hereby stat and solemnly declare on affirmation as under...

1. I say that, I have passed my M.B.B.S. Examination from Medical College in (month and year) and completed internship on (day, month and year).
2. I say that, after completion of internship, I had not joined any institute for any kind of education as a regular student. As such there is a gap of (year & month) in my educational carrier from to
3. I am searing this affidavit in order to produce the same before the concerned education authority to enable them to condone my said gap period and grant me admission for NEET PG 2020 for academic session 2020-21 on the strength of this affidavit.

Verification

Whatever stated above from point no. 1 – 3 by me, are true and correct to the best of my knowledge and belief. If found anything false / incorrect, I am liable for any legal action.

Solemnly affirmed at

On Date

Witness

(Sign., Name, Address & Mobile No.)

Deponent

(Sign. & Name)

Note:- You can make some changes according to your gap and educational qualification.

Affidavit for Registration in MPMC

(on Rs. 100/- non-judicial stamp)

I, Dr.

s/o, d/o, w/o Age years,

resident of

do hereby stat and solemnly declare on affirmation as under...

1. I say that, I have passed my M.B.B.S. Examination from Medical College in (month and year) and completed internship on (day, month and year).
2. I have done my provisional / permanent medical registration from medical council(place of council) and my provisional / permanent medical registration no. is Dated
3. I say that, within 1 month of admission, I will apply for registration in Madhya Pradesh Medical Council (MPMC) and will submit receipt of application of registration / copy of registration to this institute.

Verification

Whatever stated above from point no. 1 – 3 by me, are true and correct to the best of my knowledge and belief. If found anything false / incorrect, I am liable for any legal action.

Solemnly affirmed at

On Date

Witness

(Sign., Name, Address & Mobile No.)

Deponent

(Sign. & Name)