

AFFIDAVIT

I..... son/daughter/wife ofaged.....years, resident of (Mention full postal address), do hereby declare the following to facilitate my allotment of Compulsory Rotating Medical Internship (CRMI)/Clerkship for Foreign Medical Graduate (FMG) in Medical College / Hospital of Assam :-

1. That, I am a citizen of India by and a permanent resident of Assam.
2. That, I have passed the Final Examination of the Medical course from University of (Name of the country), which is equivalent to MBBS Degree in India, on
3. That, contact telephone number(s) is/are..... and my e-mail id (if any) is.....
4. That, I hereby declare that during my study in the above course, due to COVID 19 pandemic/Russia-Ukraine war, I had to undergo online classes which was organized by the University/move to University of (Name of country) as permitted by National Medical Commission (NMC) under 'Academic Mobility Programme'.
5. That, I have sufficiently compensated classes in physical onsite in lieu of the online classes and subsequently passed examination equivalent to MBBS in India / I have not sufficiently compensated classes in physical onsite in lieu of the online classes and subsequently passed examination equivalent to MBBS in India.
6. That, I have qualified the Foreign Medical Graduate Screening Test conducted by National Board of Examinations (NBE), New Delhi.
7. That, I have applied for allotment of Compulsory Rotating Medical Internship (CRMI)/ Clerkship in a Medical College/Hospital in the state of Assam and all data provided in my application as well as documents and testimonials attached to it are true and correct to the best of my knowledge.
8. That, there is nothing in my character and antecedents which renders me unsuitable for allotment of CRMI/Clerkship.
9. That, I shall abide by all instructions given by NMC/Assam Council of Medical Registration/Director of Medical Education, Assam to me from time to time during my CRMI/Clerkship without fail.
10. That, if anything is found contrary to the declarations made herein above in this affidavit, and if the Authority is satisfied that such finding renders me unsuitable for the allotment, may discharge/remove or dismiss me from the allotted CRMI/Clerkship without assigning any reason or divulging the findings. In such an event, I will have no claim or grievance against the authority/authorities and I shall be liable to be prosecuted under the Law.
11. That, the statements made in paragraphs 1 to 10 above are true and correct to the best of my knowledge and belief and no part of it is false and nothing material has been concealed therefrom.

And I sign this affidavit today on20.....at.....

Identified by me

Advocate.....

DEPONENT

Solemnly affirmed and declared before me by the deponent who is identified by

Advocate..... on this. . . .day of, 20. . . .at. . . .