

AFFIDAVIT

1. I, _____ S/D/O _____
Resident of _____ bearing CMH Lahore Medical College & Institute
of Dentistry Roll No. _____ & NUMS Candidate I.D _____ admitted in the
discipline of MBBS/BDS in the session of _____, want to withdraw my
admission on the following reasons.

- a. _____
- b. _____
- c. _____

2. I will not claim any admission in CMH Lahore Medical College & Institute of
Dentistry for MBBS/BDS in future.

Name & Signature of Student

CNIC : _____

Dated: _____

**Name & Signature of Father /
Guardian**

CNIC : _____

Dated: _____

Witness-1

Name & Signature

CNIC : _____

Dated: _____

Witness-2

Name & Signature

CNIC : _____

Dated: _____