

ANNEXURE-A

A F F I D A V I T

I,, aged about years, So/Do of .
....., do hereby solemnly affirm and state and under:

I have submitted the following original documents to OJEE authority for verification and submitted the copy of the same for seeking admission to the Course in,

1. Statement of Marks of SSC or its equivalent examination issued by _____ Board.
2. Passing certificate of SSC or its equivalent examination issued by _____ Board
3. Passing Certificate of HSC or its equivalent examination issued by _____ Board
4. School Leaving Certificate/Transfer Certificate. :
5. Domicile (Resident/Nativity) certificate issued by State Authorities.:
6. Caste Certificate issued by State Authority:
7. Green Card :
8. EWS Certificate :
9. All NRI Documents (as applicable) :
10. ID Proof: Aadhar/School ID/ or Any other.:

I, further solemnly affirm and state that:

- I. I am very well aware that I have been given admission to the MBBS/BDS course inter-alia on the basis of the above said original documents submitted by me with respect to my NEET-UG Rank and my category/Sub-category.
- II. The documents mentioned at above serial no (1) to (10) are the original documents and their true copies are duly attested by me.
- III. I shall be held solely responsible for genuineness of original documents listed at serial no (1) to (10) which are submitted to the OJEE authority.
- IV. In case of the said document is not found to be authentic or genuine I shall be liable for appropriate legal action and also for cancellation of my admission or withdrawal of my degree even if the degree is already confirmed.
- V. In case my admission is cancelled because of fraudulent practices, I undertake to pay as per the norms.

On this day of, 2025.

Identified by

Advocate,

DEPONENT
(Signature of student)

(Name of student)

I have explained the above said Undertaking/Declaration and consequences thereof to my Son/Daughter/Ward and also undertake the responsibility of payment of fees and such other fines. I also undertake the responsibility of good conduct of my Son/Daughter/ward during MBBS/BDS entire course of studies at the allotted college/institute.

Date:

Place:

Signature of parents/Guardian.

Identified by me

Advocate

NOTARY PUBLIC, BHUBANESWAR