



**AFFIDAVIT BY CANDIDATES/ STUDENTS**

(On Plain Paper. Overwriting/ striking/ altering any text will make this Affidavit invalid)

I \_\_\_\_\_ Application No. \_\_\_\_\_ S/ D/ Spouse/ O \_\_\_\_\_ resident of \_\_\_\_\_ have applied for \_\_\_\_\_ program, Semester Fall/ Spring-Year \_\_\_\_\_ in Bahria University Islamabad (E-8/ H-11)/ Lahore/ Karachi Campus (tick one), and do solemnly affirm as under:-

- a. That I am the deponent of this undertaking and hence fully conversant with the contents of this undertaking.
- b. That I appeared in HSSC-II/ A-Level/ Bachelors/ Masters Examination in year \_\_\_\_\_ from Board/ University: \_\_\_\_\_ vide Roll No: \_\_\_\_\_
- c. That I will be able to obtain \_\_\_\_\_ % marks as per eligibility criteria given on Bahria University website.
- d. That I will upload my original result(s) awaited Marks Sheet/ Certificates, and also any leftover documents from what had been required by the Bahria University/ Campus, particularly O and A Levels IBCC Equivalence, HEC Equivalence (Foreign Degree), CNIC/ Form-B, HSSC-II Marks Sheet/ Certificate, Final Transcript (**underline appropriate**) on my CMS Portal, and also show these **ORIGINAL** documents in Admissions Office **within six weeks of the start of my first semester** for scrutiny.
- e. That I will register my **Deficiency Courses**, if any, as per eligibility criteria or as prescribed by the Department of my Program prior registration of main program applied for.
- e. **That the administration of Bahria University has right to block my CMS Portal and cancel my admission if I obtain less than the required percentage or fail to UPLOAD on my CMS Portal and SHOW in Admissions Office all the above required documents within six weeks of the start of my first semester, or fail to register for Deficiency Courses (if any).**
- f. That the contents of this affidavit are correct to the best of my knowledge and belief and nothing has been concealed in this regard.

Date: \_\_\_\_\_ Place: \_\_\_\_\_ Cell No: \_\_\_\_\_ Signature: \_\_\_\_\_

Deponent's Full Name: \_\_\_\_\_ CNIC No: \_\_\_\_\_

Deponent Father's/ Guardian's Name: \_\_\_\_\_ Cell No: \_\_\_\_\_

CNIC No: \_\_\_\_\_

**Witness No-1**

**Witness No-2**

Signature: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

CNIC No: \_\_\_\_\_

\_\_\_\_\_

Cell No: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

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