

AFFIDAVIT

1. I, guardian / father of Roll No_____ Cadet _____ CNIC No _____ hereby testify the undertaking that my son/ward is medically fit; he does not have the medical history of any of the following diseases: -

Name of Disease	Yes/ No	Name of Disease	Yes/ No	Name of Disease	Yes/ No
Drug reactions / Allergies Hay Fever		Rheumatism, Rheumatic fever		Any disability	
Joint pains and swelling		Head injury with unconsciousness		Psychiatric Illness	
Any communicable/contagious disease		Broken bones & dislocation of Joints		Frequent headache	
Loss of sleep/frequent nightmares		Obstruction of nose		Vertigo / Dizziness	
Walking in sleep/bedwetting up to 10 Yrs		Sun stroke or Heat stroke		Eye/Vision problems	
Colour or Night Blindness		Sea, car or Travel sickness		Bleeding from rectum	
Any Congenital Disorder		Any Congenital Disorder		Kidney stones	
Frequent common colds		Gas or Pain after meals		Skin Disease	
Tuberculosis / other pulmonary problems		Epilepsy / other neurological disorders		Asthma	
Hepatitis B, C and HIV or any other GI or Hepatological disease.		Diabetes / other endocrinological disorders.		Hypertension / other cardiac problems	

Name of Disease	Yes/ No	Reasons
Any significant disease diagnosed in the past.		
Any Medication with reasons why and since how long.		
Any Major or Minor surgery with reasons.		
Prolonged Hospital Admission with reasons (if any).		

2. **Family History**

Name of Disease	Yes/No	Name of Disease	Yes/No	Name of Disease	Yes/No	Name of Disease	Yes/No
Tuberculosis (TB)		Diabetes Mellitus		Fits		Hepatitis	
Mental Disorders		Heart Disease		Hypertension		Asthma	

3. It is certified that the medical information provided is true and complete to the best of my knowledge. I understand that any subsequent discovery of an undisclosed medical condition may result in disciplinary action, including expulsion, at the College’s discretion, without notice or appeal. I waive my right to challenge or hold the college liable for such decisions.

(Signature of the guardian / Father)
CNIC NO: _____
Dated: _____

Witness No: 01
Signature: _____
Name: _____ S/O _____
CNIC No: _____

Witness No: 02
Signature: _____
Name: _____ S/O _____
CNIC No: _____

COUNTERSIGNED

Signature of Doctor with legible seal
PMDC No: _____
Dated: ____/____/20____

Signature of Candidate (in presence of Doctor)
Dated: ____/____/20____