

To: Mr \_\_\_\_\_  
Father / Guardian of  
Kit No \_\_\_\_\_ Cadet \_\_\_\_\_  
Class : \_\_\_\_\_ House : \_\_\_\_\_

Subject: **Provision of Medical Fitness Affidavit on Stamp Paper**

1. Numerous diseases, which are considered dangerous for the boarding routine of the cadet College are required to be identified through medical checkups and declaration from parents during admission process. However, at times such diseases are either not reported in time or complete information is not shared, which results into serious / complicated issues, warranting emergent evacuation of Cadets and thorough medical checkups.
2. Healthy life being the serious concern cannot be compromised for other pursuits of living. Therefore, parents are once again requested to share detailed information for the health and well-being of their wards, before any further activities of the College curriculum.
3. Aforementioned in view, a specimen of affidavit, attached, is sent herewith for provision to the College on **Stamp Paper of worth Rs 100.00, by** respective Parents duly attested / countersigned by an Oath Commissioner, latest by 02 June 2023 for information / records.
4. Failure in deposit of said information on affidavit would tantamount to hiding serious health issues of Cadets and the responsibility in case of any incident will squarely rest on parents, for which the College Administration shall not be held responsible.
5. An early action is requested, please.

  
Vice Principal  
(Ejaz Ahmad)

**AFFIDAVIT**

1. I, guardian / father of Kit 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:-

- a. Tuberculosis / other pulmonary problems.
- b. Epilepsy / other neurological disorders.
- c. Diabetes / other endocrinological disorders.
- d. Hypertension / other cardiac problems.
- e. Asthma.
- f. Hepatitis B, C and HIV.

2. Furthermore, I also state that the medical information, which I furnished to the College is correct to the best of my knowledge and no fact is concealed here in this affidavit. In case of any of the aforementioned diseases is reported in my ward / son subsequently, during the pursuance of his studies, then the College has the authority to expel my son at any stage of his studies without any further clarification / notice.

3. In case of concealment of facts about any disease of my ward / son, which proves serious, I shall not have the right to make the College accountable. Likewise, I do not have the right of appeal to challenge it in any court of justice. I shall be bound to comply with the decisions of the College administration.

\_\_\_\_\_  
(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**