

**(FOR PRIVATE POSTGRADUATE CANDIDATES To be submitted on court paper of Rs. 200/= duly signed by Deponent and attested by Oath Commissioner/Notary Public.**

**SAMPLE AFFIDAVIT**

I, **[Full Name]**, son/daughter of **[Father's Name]**, CNIC No. **[XXXXXX-XXXXXXXX-X]**, resident of **[Permanent Address]**, do hereby solemnly affirm and declare as under:

1. That I am applying for admission as a Private Postgraduate Candidate in the FCPS/MCPS (select any one) Residency Training Program (Session: January 2026) in the discipline of Ophthalmology at the Sindh Institute of Ophthalmology & Visual Sciences (SIOVS), Hyderabad.
2. That I am not currently employed in any Government Department, and I undertake to comply fully with all institutional and regulatory requirements governing my training.
3. That in the event I receive an offer of employment in any Government Department during the course of my residency training, I shall immediately notify my CPSP Supervisor and the Incharge Academics of SIOVS in writing.
4. That to continue my residency training at SIOVS, I shall temporarily discontinue training and obtain a valid No Objection Certificate (NOC) or Study Leave from the concerned Government Department within fifteen (15) days of such employment, failing which my training shall remain suspended.
5. That I understand and acknowledge that simultaneously holding a Government job and continuing residency training without obtaining a valid NOC or Study Leave is a violation of institutional and regulatory norms, and is considered illegal and tantamount to professional misconduct.
6. That I undertake not to conceal or simultaneously draw stipend from SIOVS and salary from any Government employer. I understand that such dual financial benefit is unlawful and constitutes misconduct.
7. That I shall abide by all rules, regulations, policies, guidelines, and ethical standards of SIOVS and the College of Physicians and Surgeons Pakistan (CPSP) throughout the duration of my training.
8. That this affidavit is executed in good faith and submitted as part of my application for admission as a Private Candidate to the residency training program.

I do hereby declare that the above statements are true and correct to the best of my knowledge and belief, and nothing has been concealed therein.

**DEPONENT**

(Signature)

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

Designation: \_\_\_\_\_

Department: \_\_\_\_\_

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

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

**VERIFICATION**

Verified on this \_\_\_ day of \_\_\_\_\_, 2025 at \_\_\_\_\_, that the contents of this affidavit are true and correct to the best of my knowledge and belief.

**(Signature of Deponent)**

**ATTESTATION**

Attested by:

(Signature & Seal of Notary Public / Oath Commissioner)