

DECLARATION

I hereby declare that I have read and considered the conditions in respect of the establishment of the study/training center Board of CMS Delhi and I fulfill all the conditions. I have furnished above necessary information in this regard. If any information, given by me, here in, is found incorrect or misleading, my candidature shall be liable to cancellation any time and I shall not be entitled to get refund of any Amount paid by me. In the event of any dispute, it will be resolved through the meditation of the chairman or a selected committee constituted under the constitution/Arbitration Act and its decision shall be binding on all concerned and I will be liable to all the expenses so incurred.

Date:

Signature of the Applicant

Document to be enclosed with the application form:

1. Photo Identity proof (photo copy)
2. Resident verification proof (photo copy)

To be produced on a general stamp paper worth Rs. 10/-
And Duty Attested by the Notary/Gazetted Officer

DECLARATION BY THE APPLICANT

Before the Chairman

Central Board of Community Medical Sciences

I.....Son/Daughter/Wife of

Aged.....Resident of

Distt.....State.....Pincode.....

do here by declare and affirm as under:

1. My/Our Institute will work as an Authorized Study Center of CBCMS, Delhi.
2. All the Admission/Examination documents collected from CBCMS, Delhi will be kept safely/confidentially by me/us & it will be my/our responsibility for its timely distribution in the center.
3. That My/Own Institute will work according to the rules & Regulations/Directions of the CBCMS, Delhi. In the event of any dues outstanding/note being paid, I/We shall not ask for the Enrolment number or Exam Result.
4. (a) I/We undertake & agree to pay Examination Fees per student as per course wise CBCMS, Delhi.

(b) In any case I/We will not receive Examination Fees in cash but only by Bank Draft in favour of Board CBEMS payable at Delhi only.
5. That I/We have read and understood the rules & regulations of the CBCMS, Delhi. Only after complete satisfaction, this declaration is being made which can be used for legal purposes as and when necessary. In the event of any dispute it will be settled by the committee appointed by the Chairman, under the constitution/ Arbitration Act and its decision will be binding on all concerned & I/We will be liable to all the expenses.

Therefore, I/Wehereby declare that the information furnished in this form and the information furnished in the form for Establishment of Center are true to the best of my/our knowledge and belief and will remain in force and binding on me/us and my successor for the period of my our Center's Association with CBCMS, Delhi.

Place:

Dated:

Signature of the Declarant

Form to be filled by the center as data sheet for website

1. Name of the training/study center:
2. Name of the Director to the training/study center:
3. Location / Address:
4. City:
5. District:
6. State:
7. Pin code:
8. Phone No. (Office)
9. Phone No. (Residence)
10. Mobile No.
11. Fax No.
12. Email ID

I hereby declared that the above information given by me is true to the best of my knowledge and brief.

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Seal

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Signature of the Head of Institution

