

**Application No:**

**Name:**

M.D.HOMEOPATHY – 2012 -13

DECLARATION

I ..... hereby declare that, all the information furnished above are correct to the best of my knowledge and belief and that, I have fully read the conditions of admission to MD HOMEOPATHY 2012-13 as contained in the Prospectus and I agree to abide by them. Should it however be found that, any information furnished is untrue, I realize that, I am liable to criminal prosecution and also agree to forego my seat.

**Place**

**Date**

**Signature:**

Attested by :

Signature of Attesting Officer :

Name :

Designation :

(Office Seal)