

AYUB MEDICAL COLLEGE

ABBOTTABAD-PAKISTAN

# PABX: 381907, Dean: 9311100, FAX: 9311101 Grams: ‘AYUBMED’

Email: dean@ayubmed.edu.pk

**UNDERTAKING**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_S/O,D/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Studying in \_\_\_\_\_\_\_\_\_\_\_\_\_Class MBBS/BDS hereby admit that I have shortage of attendance in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_subject(s).

I further hereby undertake that for coming Professional Examination during my stay in Ayub Medical College I will complete the required attendance. In case I fall short of minimum prescribed attendance (75%) in any subject in any Professional Examination I will not request/ claim at any forum the permission for appearance in the respective University examination.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roll No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_