

**Format of Affidavit from Notary of the concerned country
regarding relationship of the candidate with the NRI**

I, _____, S/o / D/o _____, presently residing at _____,
declare and inform that:

I am the Father/Mother / Real Brother/Sister / Real Brother/Sister of father / Real
Brother/Sister of mother / Paternal grandfather/grandmother / Maternal
grandfather/grandmother / First degree paternal/maternal cousin of _____
resident of _____ who is seeking admission into MBBS course under
NRI/NRI sponsored quota in Government Medical College of Assam

Signature of the Non-Resident Indian (NRI)
(DEPONENT)

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true
and correct to the best of my knowledge and belief. No part of it is false and no material has been
concealed there from.

Verified at on the date

Signature of the Non-Resident Indian (NRI)
(DEPONENT)

Witness 1

Signature

Address : _____

Passport Number _____

Country _____

Witness 2

Signature

Address : _____

Passport Number _____

Country _____

Solemnly affirmed and signed before me by the deponent on at my office.

Notary Public

**Format of Affidavit from Notary of the concerned country Undertaking
that the sponsor NRI shall sponsor the candidate for the entire course**

I, _____, S/o / D/o _____, presently residing at _____, am the Father/Mother / Real Brother/Sister / Real Brother/Sister of father / Real Brother/Sister of mother / Paternal grandfather/grandmother / Maternal grandfather/grandmother / First degree paternal/maternal cousin of _____ resident of _____ who is seeking admission into MBBS course under NRI/NRI sponsored quota in Government Medical College of Assam declare and inform that:

I shall be responsible for timely payment of prescribed tuition fees (payable annually) and all other dues and charges in full (and not in part/installments) to the Government of Assam immediately after the admission is granted to the above candidate as also during the subsequent years of studies.

The tuition fee shall be paid by me in the form of bank Draft in U.S. Dollars payable to the Government of Assam along with a bank certificate for encashment of foreign currency of the like amount.

In addition to tuition fee, I shall also pay all other dues and charges to the Government of Assam as payable by other students of the same class belonging to the same category in the foreign currency as per Medical Admission Rules and Regulations.

I understand that in case of failure to pay Fees and dues on time, the admission will automatically stand cancelled and fee already paid will not be refundable. Neither I nor the candidate _____ shall have any claim against the Government on any account whatsoever.

I am attaching copy of my Passport along with the VISA document, residence proof, working proof (job _____).

Signature of the Non-Resident Indian
(NRI)
(DEPONENT)

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true and correct to the best of my knowledge and belief. No part of it is false and no material has been concealed there from.

Verified at on the date
(NRI)

Signature of the Non-Resident Indian
(DEPONENT)

Witness 1
Signature _____
Address : _____

Passport Number _____
Country _____

Witness 2
Signature _____
Address : _____

Passport Number _____
Country _____

Solemnly affirmed and signed before me by the deponent on at my office.

Notary Public

UNDERTAKING

I, _____, S/o / D/o _____ undertake and affirm that I am an NRI and living in _____. My address in _____ is _____. I am guardian of Mr /Miss _____. The affidavit, as desired, is enclosed herewith for his/her admission in _____ under NRI/NRI sponsored quota. I undertake to pay his/her tuition fees (payable annually) and all other dues and charges in foreign currency to the Government of Assam after his/her admission and during subsequent years.

This affidavit is prepared in India because at present I am residing in India. [*Mention, if applicable*]

Date: _____

(Signature of the NRI)

Place: _____

Countersigned (Candidate seeking admission)

Embassy Certificate of NRI / Sponsoring NRI
(ON LETTER HEAD OF THE CONCERNED INDIAN DIPLOMATIC MISSION)

F. No. :

TO WHOM IT MAY CONCERN

This is to certify that Mr. / Mrs. / Ms. _____,
S/o / W/o / D/o _____, holder of Passport No.
_____, issued on _____, at _____ and
valid upto _____, presently residing at _____,
has stayed abroad for more than 182 days during the last financial year and enjoys the status
of Non-Resident Indian (NRI) for the period from _____ till date. He/She may be
extended all courtesies and facilities, as admissible to the Non-Resident Indians (NRIs).

This certificate is issued for himself/herself / his/her son/daughter / his/her real
brother/sister / his/her real nephew/niece / his/her grandson/granddaughter / his/her
first degree cousin (paternal/maternal), _____ for seeking admission in
India under NRI Quota.

The validity of this Certificate is for six months only.

PLACE:

SIGNATURE :

DATE:

NAME :

DESIGNATION :

SEAL ;

(OF THE ISSUING AUTHORITY)



GOVERNMENT OF
OFFICE OF THE DISTRICT AUTHORITY, DISTRICT

RELATIONSHIP CERTIFICATE

(To be submitted by candidates applying for admission into MBBS Course under NRI/NRI sponsored quota)

Name of Candidate :
Name of Father :
Name of Mother :
Residential Address : Village
P.O.
P.S.
District
PIN

Certified that the above named candidate/person is the son/daughter / real brother/sister / real nephew/niece / grandson/granddaughter / first degree cousin (paternal/maternal) (*strike off whichever are not applicable*) of Mr. / Mrs. / Ms. _____, S/o / D/o _____, holder of Indian Passport No. _____, which is valid upto _____ and who belongs to _____ State/Union Territory of India, presently residing at _____.

This certificate is issued to the candidate after making proper enquiry of his/her relationship with the abovementioned person. This certificate may be used for the purpose of applying for admission in to MBBS course under NRI/NRI sponsored quota in the State of Assam.

Date:

Place:



Signature of the District Authority

Name of District :

State/UT :