*For candidates currently* ***Admitted*** *in any other College*

1. I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/D/O \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CNIC No. \_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_ solemnly declare that I have cancelled my previous admission offer in MBBS/BDS program at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Medical / Dental College Name).
2. In case I get any admission offer from any other college within due dates, I shall inform this college for cancellation of my admission within due dates and will not claim my seat in future. In case of non-disclosure of information my admission offer shall become void.

**(Signatures of the Applicant)**  **(Signatures of Father /Guardian)**

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**Cell No.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_