

(AFFIDAVIT PEFROMA)

I Dr.----- aged----- years ,owner/Consultant at the Clinical Establishment ----- bearing Registration Certificate No of Central /State Council(Allopathic/Ayush,etc)----- issued on ----- valid up to-----

(1) I am undertaking to the effect that the holder of this Certificate of Registration shall comply with all the provisions of Clinical Establishment Act (Registration & Regulation), 2010 and Rules made there under.

(2) I Dr.-----owner/Consultant of -----

give an undertaking to the effect that the grant of Provisional Registration under Section 15 of the Act is subject to the place has complied with all local byelaws in force ,if any,from time to time of Chandigarh Administration

(3) I Dr. -----hereby state on oath that the registration certificate issued under CEA is without being prejudice to any proceeding under any court of law in India.

Whatever stated herein above is true and correct as per my belief and knowledge.

I am not concealing any facts, if it found to be false action may be taken against me as per law.

I have to submit this before the -----

Place:

Dr. _____

(Signature)

Date :