

**PART 1**

**Every student and the parent /guardian or the student at the time admission into the institute shall give the following undertaking.**

**UNDERTAKING /AGREEMENT**

(To be filled by the candidate on Judicial Bonds Rs. 50/- and duly attested by the Political Agent /First Class Magistrate)

I Mr. /Miss \_\_\_\_\_ Son/Daughter \_\_\_\_\_

Resident

of \_\_\_\_\_ do

hereby solemnly undertake to abide by the following.

- i. That I have read the Admission policy for Pakistan Institute of Community Ophthalmology and Prospectus.
- ii. That the information furnished in, and documents attached with the application form are correct, and I fully understand that at any time during course of study, if it is found that any information is incorrect or any documents produced at the time of admission are fake, which would have rendered me ineligible for admission under the rules, my name shall immediately be struck off from the Institute and the institute would be at liberty to initiate legal proceedings against me.
- iii. That I shall, in case my name is struck off under clause (ii) above, not be entitled to claim refund of any fee paid by me. In addition I shall pay to the Director as liquidated damages@100,000 (One Hundred Thousand) per year of my studies in Pakistan Institute of Community Ophthalmology.
- iv. That I shall have minimum attendance of 75%,diligently apply myself to acquire and develop the skill necessary for the practice and advancement of my study in order to qualify for the examination and will not be promoted to the next higher class unless cleared all the subject.
- v. That I shall maintain identity as a student of the Institute by wearing Institute uniform. I shall participate fully and whole-heartedly in games and co- curricular activities.
- vi. That I will not indulge in politics of any type and will not be a member of any political party / organization/student federation and holding a gathering, meeting or taking out procession in any part of Campus, I understand that my failure to observe this clause of undertaking shall result in cancellation of my admission / expulsion from the institute, and that the decision of the Dean in this regard will not be challenged in any Court of Law except the Supreme Court of Pakistan.
- vii. That I shall never use violence, threat of violence and pressure in any dispute with other, all means and methods shall only be logic, persuasion, petition, appeal, revision, review and other legal peaceful methods for settlement of differences and disputes.
- viii. That in any disputes with me, teachers and employees of the Institute, I shall accept the decision of the committee constituted by the Director /Government for settlement of the wrong doers.
  - a. Doing anything, which may cause injury or insult to head, teacher, officers and staff of the Institution.
  - b. Holding a gathering, meeting or taking out procession in any part of Campus other than those areas specified for the purpose.
  - c. Allowing or abetting the entry to the premises of the Institute of expelled students, anti-social elements or others whose presence in the campus could cause conflict amongst the students.
  - d. Bringing into the campus consuming or encouraging consumption of alcoholic products, drugs and narcotics and indulging in acts of moral turpitude.
  - e. Bringing or keeping any type of weapons within the Institute Premises.
  - f. Using or occupying any room or part of any building of the institution without Lawful authority.

Candidate Signature: \_\_\_\_\_

**PART 2**

**TO BE FILLED BY FATHER / GUARDIAN OF THE CANDIDATE**

I \_\_\_\_\_ son/daughter/wife of  
\_\_\_\_\_ and Mother /Father/Guardian of  
\_\_\_\_\_ hereby fully endorse the undertaking  
given by my son/daughter/ward and assure that he/she will abide by this undertaking during his/her stay in the  
Institute.

- a. I also make myself liable to pay Rs. 1,00,000(One hundred thousand ) per year of his/her study in the  
Institute in case of any breach of the above mentioned undertaking by my son/daughter /ward, Mr /  
Miss \_\_\_\_\_
  
- b. I \_\_\_\_\_ Father/Mother/Guardian of Mr. /Miss  
\_\_\_\_\_ assure that my son/daughter /ward will not indulge in politics of any type  
and will not be a member of any political party / organization/students Federation or will he/she attend  
any meeting which may result into his/her expulsion from the institute, and that the decision of the Dean  
in this regard will be final.

Deponent

Signature of the Father /Guardian of the student  
Contact #:

**Witness-1** \_\_\_\_\_

Full Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Nat. Identity Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

**Witness-2** \_\_\_\_\_

Full Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Nat. Identity Card No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

**ATTESTED**

Signature and Stamp of  
Political Agent /First Class Magistrate

### DISABILITY CERTIFICATE

It \_\_\_\_\_ is \_\_\_\_\_ certified \_\_\_\_\_ that \_\_\_\_\_ Mr. \_\_\_\_\_ /  
Miss. \_\_\_\_\_ S/D/o \_\_\_\_\_ is suffering from \_\_\_\_\_  
\_\_\_\_\_ it is certified that his/her disability is a **permanent** condition. It is  
further certified that his / her disability puts him /her at disadvantage as compared to a normal person for  
acquiring education before entering Institute, but otherwise he/she is capable of performing his / her duties  
satisfactorily as a student. It is further certified that his / her disability is not of such a severe degree that makes  
him / her unable to acquire education or work as a professional. Moreover I certify that at present he / she is  
mentally fit and physically able to carry on studies and perform professional duties after qualifying for admission in  
institute.

(Full Signature)

(To be signed by certified specialist in the relevant field in the Government Hospitals).

Name of the Consultant \_\_\_\_\_

Designation \_\_\_\_\_

Specialty \_\_\_\_\_

Qualification \_\_\_\_\_ PMDC Registration No.( for MPH) \_\_\_\_\_

Present Place of Posting \_\_\_\_\_

Official Stamp bearing name, Designation & Place of Duty.

Date \_\_\_\_\_

## AFFIDAVIT (OTC)

I \_\_\_\_\_ S/D/O \_\_\_\_\_  
resident of \_\_\_\_\_ student of \_\_\_\_\_

at PICO, Hereby solemnly affirm on oath that:

I shall be regular and punctual throughout my training period and en-devour to attend all the CPCS, Interactive lectures, seminars, workshops etc. as part of my structured training program.

1. Attendance below 75% will lead to termination of my training.
2. I shall not get admission in any other course (private / regular) during my stay at PICO as a student.
3. I shall treat all my teachers, colleagues and peers and staff of PICO with utmost respect and dignity.
4. I shall not discriminate against any one on the basis of race, ethnicity, religion, sex, color or caste and shall not express my political or religious beliefs to others.
5. I shall maintain discipline and understand that in case of any breach of discipline I shall be liable for strict disciplinary action.
6. I shall not demand for accommodation if it is not available and shall not resort to any kind of protest or strike.
7. I shall make utmost efforts to improve my professional skills by self-learning and attending seminars, lectures and workshops.
8. I shall not indulge in any sort of politics during course / practical training and shall not resort to any sort of strike or industrial action and shall not join any political association, organization or trade union.
9. I shall not use my post or profession to unduly pressurize others for any kind of favors and shall not take any action that shall bring my profession into disrepute.
10. I understand that my course / practical training may be terminated at any time by PICO for breach of any of the regularities.
11. I shall not involve myself in any kind of intimate or other improper relationship with my patients or their attendants and hospital staff as long as they are under my care or remain my colleagues.
12. I shall be bound to pay two semesters' dues to PICO as penalty in case leaving the course before completion.

Signature of Student \_\_\_\_\_

Name \_\_\_\_\_

S/D/O \_\_\_\_\_

NIC NO.& Address: \_\_\_\_\_

### **Witness 1.**

Signature \_\_\_\_\_

Name \_\_\_\_\_

S/D/O \_\_\_\_\_

NIC No. \_\_\_\_\_

Address: \_\_\_\_\_

### **Witness2.**

Signature \_\_\_\_\_

Name \_\_\_\_\_

S/D/O \_\_\_\_\_

NIC No. \_\_\_\_\_

Address: \_\_\_\_\_

To be copied and signed along with witnesses, on a Rs. 50 Stamps paper duly attested by public notary

### **Important Note**

The Academic Council of Pakistan Institute of Community Ophthalmology (PICO) has the right to make changes in the syllabus, curriculum and examination for any course, as and when required or ask to do so by the Pakistan Medical & Dental Council or Khyber Medical University at any time during the course of study. The authorities have the right to change any rule and regulation given in the prospectus without previous notification, whenever considered necessary. The Director and the Academic Council of PICO do not take any responsibility for any omission or error in the compilation of this prospectus.