

Personal Declaration

Please confirm the statement below:

I, certify that I am the person applying for privilege requests, and the information in the form and submitted documents I have given is true and correct to the best of my knowledge and beliefs.

I understand that any license or approval that may result from this application will be void if I have made any false or misleading representations or declaration in this application through error or omission.

I understand that I will be liable to certain penalties if I fail to comply with the obligation to declare or provide complete or correct information.

I hereby undertake not to perform any procedure(s) not approved by the committee and that I shall bare all legal and disciplinary responsibilities in case of violation of this clause. Further, I declare that performing the approved procedures / treatments will be at my sole responsibility.

Name of Applicant:

Mobile No:

Email:

Date:

Signature:

For official use only

Comments:

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Date:

Signature: