

**AFFIDAVIT**  
**(Non-Judicial Stamp paper for Rs. 20/-)**  
**(FOR ALL CANDIDATES)**

I, \_\_\_\_\_ S/o., D/o \_\_\_\_\_ selected for B.SC Allied Health Course for the year 2024-25 do here by undertake to complete the said course as per the requirements of the KNR University of Health Sciences, Warangal. In the event of my leaving the studies after joining the course or in default or any other reason, I under take to pay to the KNR University of Health Sciences as sum of Rs.50,000/-(Rupees Fifty Thousand Only) or such amount as specified by the KNR University of Health Sciences, Warangal.

Date:

Signature of the Parent

Signature of the Candidate

Witness:

1. Signature:  
Name and address in full

2. Signature:  
Name and address in full

**Note: - Enclose Self Attested Aadhar of Parent.**