

AFFIDAVIT

I _____ D/o S/o Sh. _____ resident of _____, do hereby solemnly declare as under:-

1. Name of Registrant : _____
2. Course Name : _____
3. Internship Training period : From _____ To _____
4. Institute Name : _____
5. Passing University Name : _____
6. Duration of Course : From _____ To _____
7. Haryana State Council for Physiotherapy registration number: _____
8. Registration Issue Date : _____
9. Type of program completed: B.P.T. M.P.T. Ph.D.
10. Registration expires : _____
11. Does this registrant have any physical/mental condition, disorder and/or addiction impairing his/her ability to practice as a Physiotherapist? : Yes No
12. That my registration was not suspended: Yes No

My registration number was not involved in any malpractices as per the Indian penal code till date.

Verification

Deponent

Verification that the contents of this affidavit are true to the best of my knowledge and belief.

Place: -

Deponent