

GAP CERTIFICATE AFFIDAVIT

I, AJAY KUMAR, S/o SITARAM residing at HOUSE NO 212/27/228 ST NO 05 GIASPURA AMBEDAKAR NAGAR LUDHIANA PUNJAB 141016 do hereby solemnly declare and affirm as under: -

1. That I am a resident of the above-mentioned address.
2. That I have successfully passed D-PHARMA in 06 JUNE 2024 from PCTE GROUP OF INSTITUTES
3. That I, to state further, have not joined/attended any other school/ college/ university/ institution since passing out due to TRAINING IN HOSPITAL
4. That the duration of the gap period is from JULY-2024 to DEC-2024.
5. That, in the course of this gap period, I was neither involved nor assisted any activity barred under the law.
6. That there is no criminal case pending against me in any court of law.

Ajay Kumar
Signature of Deponent

Verification:

The above-mentioned statements are true and accurate to the best of my knowledge. Further, no material information has been concealed. If at any time in the future, the stated facts are found not to be true, then I will take full responsibility for the cancellation of my admission.

Station: LUDHIANA

Date: 23/06/25

Ajay Kumar
Signature of Deponent