

AFFIDAVIT/ UNDERTAKING

I, Dr. _____, s/d/o _____, CNIC No. _____, selected as House Officer at DHQ Teaching Hospital / KMU-IMS, Kohat for the Session 2026-27 do hereby solemnly affirm and undertake as under:

1. I shall perform my House Job duties honestly, diligently, professionally, and in accordance with PMDC regulations, institutional policies, hospital discipline, and directions issued by the competent authorities from time to time.
2. I shall not directly or indirectly demand, request, influence, pressure, or attempt to obtain any House Job completion certificate, experience certificate, notification, or official document before completion of the mandatory House Job period.
3. I shall maintain discipline at all times and, in the event of any breach of discipline, shall be liable to disciplinary action in accordance with applicable rules and regulations.
4. I shall not claim accommodation as a matter of right where such accommodation is unavailable and shall abide by the accommodation policy of the institution.
5. I shall not indulge in any independent private practice during my training period as my training is full-time.
6. I shall not engage in political activities that may interfere with my House Job duties, training, or institutional discipline.
7. I shall be answerable to my superiors.
8. I shall not involve myself in any kind of improper relationship with patients, attendants and staff of the hospital.
9. I shall not avail more than one day's leave in any calendar month without prior approval of the competent authority.
10. If, after joining, I discontinue my House Job before completion without written permission from the competent authority, I shall be liable to refund all dues received as House Officer.
11. If I join any unit other than the one officially allotted to me without prior approval, my House Job may be terminated.
12. I shall be liable for the cost of any loss, damage, or breakage of hospital property, instruments, equipment, or other items attributable to my negligence or misconduct.
13. I understand that the monthly House Job stipend is subject to release and disbursement by the Government and/or other competent authorities, and that delays may occur due to administrative, financial, treasury, or procedural reasons beyond the control of KMU-IMS and its affiliated teaching hospitals.
14. I undertake that, notwithstanding any delay in the payment of stipend or any other administrative matter, I shall continue to perform my assigned duties diligently and in accordance with institutional rules and regulations and shall not engage in any activity that may adversely affect patient care, hospital services, academic activities, or institutional discipline.
15. If any individual or group initiates strike/protest activity against the institution or administration, I shall not become a member or supporter of such activity and shall remain bound to continue my lawful duties as House Officer.
16. I shall maintain the confidentiality, dignity, and reputation of the institution and shall not use social media platforms, electronic media, messaging applications, press releases, or any public forum to disseminate confidential information, make false or defamatory statements, or engage in any conduct that may adversely affect the reputation, discipline, functioning, or lawful interests of the institution, its administration, faculty members, staff, patients, or fellow House Officers.
17. Any breach of the provisions of this undertaking shall render me liable to disciplinary action by the competent authority, in accordance with applicable laws, PMDC regulations, and institutional policies, including but not limited to warning, suspension, debarment, termination of House Job, withholding of certificates, recovery of dues, or any other action deemed appropriate after due process.

Verified on oath that the contents of this affidavit are true and correct to the best of my knowledge and belief.

Signature of Candidate _____

Dated: ____/____/2026

Name: _____

CNIC No. _____

Address: _____

Witness

Name:

CNIC No:

Signature of Witness-1

Name:

CNIC No:

Name:

CNIC No:

Signature of Witness-2

Name:

CNIC No: