

INVITATION LETTER

Dear Students

1. Hope and pray you are fine and in good spirit. College will re-open as per decision of Federal Govt, however following steps are required to be taken by the students on re-opening:

- a. Affidavit for joining to be signed by student & parents (sample on website)
- b. Health Declaration Certificate (sample on website)
- c. PCR test done within last 7 days of joining
- d. Each student is to carry a Hygiene kit comprising of:-
 - (1) 2x Face Mask
 - (2) 1x pocket Sanitizer
 - (3) Wiser sheet
 - (4) Head Cap

2. Following precautionary measure against CORONA are mandatory in college as per Govt SoPs:-

- a. Face Mask (No Entry without face mask)
- b. Social Distancing as per protocol
- c. Hand Washing
- d. Use of Sanitizer

3. Orientation session after your joining will be conducted by convener / HoD.

4. Any negligence / violation of against SoP's will be fined @ Rs. 500 /day with spot payment, lest your mobile / cell phone will be confiscated till payment.

5. Teaching strategy is also being modified for your convenience like online, face to face, distant, blended / hybrid learning with 1/3 of class size. Teaching plans will be displayed on college notice boards.

6. For any help / assistance you may contact:

- a. Lt Col Shakeel (Retd), 0320-4152219
- b. Lt Col Nadeem Yar Khan (Retd), 0302-5776995



(Director Medical Education)

AFFIDAVIT FOR JOINING THE COLLEGE

1. I, Mr. _____ S/D/O _____,
Roll No. _____ Student of _____ Year, MBBS /BDS affirm that:-
- I am joining the college willingly and consciously, purely on my choice.
 - I will fully abide by and adhere to the precautionary measure against COVID- 19 in true letter and spirit.
 - I am fully aware of the potential risk to contract COVID-19 or any other nosocomial infection.
 - I will NOT hold responsible the college and hospital Authorities for any such disease or its sequelae.
 - I have discussed this issue with my parents in detail and they fully agree / endorse.
2. To be deposited in Department of Medical Education before joining.

Signature of Student

Date: _____

HEALTH WELLNESS CERTIFICATE

Certified that Mr. / Miss _____
S/D/O _____ Roll No. _____ of _____ MBBS / BDS
Class is in good health and free from any symptoms of diseases like COVID 19,
Hepatitis or any other contagious / Infectious disease.

Signature of the Student

Dated: _____

*Signature _____

PM&DC No. _____

Date: _____

- * To be signed and stamped on letter head by registered Medical Officer.
- * To be submitted in Medical Education Department before joining the Institution.