First Party: (Name of the student)

Second Party: Principal, Believers Church Medical College Hospital, Thiruvalla.

**AFFIDAVIT**

I, ……………………………., aged…. years residing at ………………………….. do  hereby solemnly affirm and state as follows :

1. I……….. took admission at Believers Church Medical College Hospital during the academic year 2025- 26.
2. I hereby admit and declare that since the fees for the academic year 2025-26 is not yet decided, I am hereby ready and willing to pay the fee as prescribed by the Honourable High Court/Government.
3. I hereby declare and understand that the fees collected is on provisional basis and may be subject to change as per the orders of Honourable High Court / Government
4. I, the above named deponent do hereby declare that the facts mentioned in the Affidavit are true and correct to the best of my Knowledge and belief and that I had not suppressed any material fact .

**Deponent**

Verified on this \_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2025 at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Deponent**