

AFFIDAVIT

(for faculty registration in Pakistan Nursing Council, Islamabad)

I, _____ S/o/ D/o/ W/o _____ adult
_____ resident of _____ having PNC Registration
No. _____, CNIC NO. _____ do hereby state/undertake on oath and
solemn affirmation is presence of full faculties of my sense without, compulsion concealment of facts here
under.

1. That I say that I have been working as a (Designation) _____ Full time in (name of
Institute) _____ City _____ Province
_____ since _____.
2. My highest nursing professional qualification on PNC registration card is
_____ and I have teaching experience _____ years
3. That I say that I don't attach or teach in any other institute/organization/hospital full time or part time
other than institute mentioned in sr.1.
4. That I say that during my employment in institute (mentioned in sr.1), I will not join any other institute for
the same purpose.
5. That I will serve in this institute (mentioned in sr.1) at least for the one academic session (current), and will
not leave this institute without the NOC from institute and PNC.
6. That currently I am not an employee/faculty of any other institute/organization full time or part time.
7. Whatever is stated above is true, correct to best of my knowledge and belief and nothing is concealed.

DEPONENT

Name _____

CNIC _____

Signature _____

Thumb impression _____

Witness #1

Name _____

CNIC No. _____

Cell No. _____

Witness #2

Name _____

CNIC No. _____

Cell No. _____

Notarization section:

on this ____ day of ____/2020 before me, the undersigned notary public, personally appeared
_____, proved to me through satisfactory evidence of identification,
which was/were _____ to be the person whose name is signed above, and swore or
affirmed to me that the contents of the document are truthful and accurate to the best of his/her
knowledge and belief.

Signature of Notary Public.