



PUSHPAGIRI

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**PUSHPAGIRI INSTITUTE OF MEDICAL SCIENCES &
RESEARCH CENTRE, TIRUVALLA – 689 101, KERALA.**

DECLARATION

1. I, the undersigned who has been admitted as a student in the Pushpagiri Institute of Medical Sciences & Research Centre, Tiruvalla, hereby makes known, that I shall abide by the rules and regulations including those relating to the Hostel, which are laid down or to be laid down hereinafter by the Secretary, Pushpagiri Medical Society, Tiruvalla or the Principal, for the due maintenance of discipline in the said Institute.
2. I further make the pledge to the above said Secretary, his successors and assignees to make good, when called upon to do so, to the Pushpagiri Medical Society, any damage to furniture, equipments or other things which may be caused by any act of carelessness, negligence or wantonness or omission on my part.
3. I further agree that in case it is found that I had secured admission by adopting or resorting to fraudulent means, my admission will be cancelled and my name will be removed from the rolls.
4. In witness whereof I have here unto set my hands on this day the 2026, at Pushpagiri Institute of Medical Sciences & Research Centre, Tiruvalla.

Name of the Student :

Signature of the Student :

(To be signed in the presence of Parent / Guardian)

Name of Parent / Guardian :

Address :

Signature of Parent / Guardian :

Occupation :