



BAHRIA UNIVERSITY - AFFIDAVIT BY CANDIDATES/ STUDENTS

On Plain Paper, upload this Affidavit on your Admission Portal duly signed by all signatories. Overwriting/ striking/ altering any text will make this Affidavit invalid

I _____ Application No. _____ S/ D/ Spouse/ of _____
resident of _____ have applied for _____ program, Semester
Fall/ Spring-Year _____ in Bahria University (BU) Islamabad H-11 Campus, and do solemnly
affirm as under:-

- a. That I am the deponent of this undertaking and hence fully conversant with its contents.
- b. That I appeared in HSSC-II/ A-Level/ Diploma/ Bachelors/ Masters Examination (**underline appropriate**) in year _____ from Board/ University: _____ vide Roll No: _____.
- c. That I will be able to obtain ____ % marks (for UG candidates) / _____ CGPA (for PG candidates) as per eligibility criteria given on Bahria University (BU) website.
- d. That I will upload on my CMS Portal original images of all my **remaining documents** required as per eligibility criteria **within six weeks of the start of my first semester** and also show the **ORIGINAL** documents in Admissions Office. These may include, but not limited to;
 - **Awaited Result(s) For UG:** HSSC-II Marks Sheet/ A-Level/ Diploma Equivalence Certificate form IBCC
 - **Awaited Result(s) For PG:** Final Transcript, HEC Equivalence (for Foreign Degrees).
 - **Any Original Document(s)** not shown at the time of Interview due to any reason.
- e. That the administration of BU has right to **block my CMS Portal and cancel my admission** if I obtain **less than the required percentage** or **fail to UPLOAD** all the above required documents on my CMS Portal and **SHOW** in Admissions Office **within six weeks of the start of my first semester** as per Clause 2.12 of Admissions Policy given on BU website.
- f. That the contents of this affidavit are correct to the best of my knowledge and belief and nothing has been concealed in this regard.

Date: _____ Place: _____ Cell No: _____ Signature: _____

Deponent's Full Name: _____ CNIC No: _____

Deponent Father's/ Guardian's Name: _____ Cell No: _____

CNIC No: _____

Witness No-1

Witness No-2

Signature: _____

Name: _____

CNIC No: _____

Cell No: _____

Date: _____
