

Undertaking for Student of Rahbar College of Dentistry for Elective Rotations

I, the undersigned, hereby declare my intent to participate in an elective rotation in [Name of Discipline] at [Name of Institution], from [Start Date] to [End Date]. I affirm the following:

1. I have thoroughly reviewed the “Administrative Guidelines for Students at Rahbar College of Dentistry Pursuing Elective Rotations” and agree to adhere to these guidelines completely."
2. Both my parents/guardian and I agree that we will not hold the administration of Rahbar College of Dentistry responsible for any unforeseen incidents, including theft, loss of valuables, illness, disability, death, legal, or medico-legal issues during the approved academic leave period for the elective rotation mentioned above."
3. I hereby confirm that I will not be requesting any attendance waivers and commit to completing my elective program within the allocated thirty-day summer vacation period as per the academic calendar.

Signature:

Name:

S/O, D/O:

Roll No:

Class:

CNIC No:

Address:

Date:

COUNTER SIGNATURE BY PARENT / GUARDIAN:

Signature:

Name:

CNIC No:

Address:

Date: