AFFIDAVIT

Ι,	D/OR/O	
	_do here	by solemnly affirm and declare
as un	under:-	
1.	1. That I am residing in the above said address.	
2.	2. That I have passed the NursingCour	se from
	in Batch from	
3.	That I have lost my Nursing Registration/Diploma/DMC Certificate of having Registration No	
	datedin the	
4.	That I tried my best efforts to locate the above said Certificate but I could not find it.	
5.	5. That I have lodged online DDR No	dated .
6.		
7.	7. That the above said facts are true and correct.	
		DEPONENT
corre	ERIFICATION: Verified that the above conterrect to the best of my knowledge and belief a	
there	erein.	
Place		DEPONENT
Dated	ted:	