



Health For All

RAIPUR INSTITUTE OF MEDICAL SCIENCES

650 Bedded Hospital & Medical College

AFFIDAVIT

I, Dr., _____,
hereby, certify that I have not attended any inspection at any
medical college for academic session _____

I will be liable to refund all salary and any other punitive action
if I am found to have done so.

I will not plan or be absent when circular regarding MCI
inspection is in effect. If I am absent on day of inspection the
management has the right to recover full or partial salary paid to
me during the concerned academic year.

Name: _____

Designation: _____

Department: _____

Signature: _____

Date: _____

(A unit of LORD BUDDHA EDUCATIONAL SOCIETY)

Campus: Bhansoj Road, Off NH-6, Gram- Godhi, Raipur, Chhattisgarh

Tel. 91-0771-3053060-87, Fax 91-0771-3053088-89, www.rimsindia.ac.in

Registered Office: 229, Sector-15A, Noida, (G.B. Nagar) UP, Tel 0120-4635900

RIMS Helpline

1800-208-1088