AFFIDAVIT OF SUPPORT

I, (**Sponsor's Name) s/o (Sponsor's father name)**, a permanent resident of **Sponsor's Address** do hereby solemnly swear and declare as under:-

1. That I am a NRI/OCI residing in _____

2. That my sponsee is seeking admission to the course of MBBS at Zoram Medical College & Hospital (ZMC&H), Falkawn, Aizawl District, Mizoram NRI Sponsor Quota.

3. That he/she is dependent on me for his/her educational purpose and I am aware of the Fee for the entire course and hereby undertake the responsibility of sponsorship and payment of fees on time.

4. That I agree to undertake payment of Fees annually for the entire MBBS course even if my sponsee has back paper and needs to repeat the academic year.

5. That I agree to pay the Fees for the whole course in case my sponsee cannot complete the course for any reason.

6. That I have verified the contents of this affidavit and found them to be true to my knowledge and belief and nothing material has been concealed therein.

IN WITHNESS THEREOF I have hereunto subscribed my hand and put my signature on this _____ day of _____.

Identified by me: - Signed before me: - **(DEPONENT)**