

Submission of Affidavit by the Student/ Parent /Guardian for Internship

Dear Parents/Guardian/Student

The following shall be submitted on a Non-judicial paper of Rs. 10/- duly attested by the oath commissioner/notary before the student applies for NOC for the Internship. All Parents/Guardian/Student are required to submit the same and get them duly attested by the OATH commissioner. Kindly note that there is one Affidavit . the affidavit is to be signed by the student and by the parent/ guardian.

In case a student does not submit the same he/she shall not be issued NOC for pursuing Internship.

It is further, requested that this information be passes to all concerned.

Best Wishes,

Note: This information is regularly updated and is for the immediate information only. The visitors are advised in their own interest to contact the institute for latest information. The institute is not responsible for any inadvertent error that may have crept in the information being published on Internet. The contents may change without notice. This does not constitute to be a legal document. While all efforts have been made to make the information available on this website as authentic as possible, the institute or any of its staff person will not be responsible for any loss to any person caused by any shortcoming, defect or inaccuracy in the information available on website

Undertaking by students & Parents

I, _____ (full name of the student with admission/registration/ enrollment number) s/o _____ d/o _____ Mr./Mrs./Ms. _____, undertake that I have understood that

For parent my ward..... I, Mr./Mrs./Ms. _____ (full name of the parent/ guardian) _____ father/mother/guardian of _____ (full name of the student with admission/registration/ enrolment number), undertake that I have understood that

1. The mandatory requirements and formalities to start internship towards completion of my BPT program.
2. I shall apply to DCPTOT for registration, to start the Internship within 10 days of receipt of application form from the institute.
3. I shall start the Internship only after applying for the DCPTOT registration including submission of the registration fee at the council office.
4. I shall pursue internship as per DCPTOT, GGSIPU and institute's guidelines and instructions
5. I shall report my joining as intern, with all details in writing to the institute as well as DCPTOT within 7 days of start of Internship.
6. I shall pursue my rotational internship in departments namely Orthopaedics (including ICSU), Neurology (including ICU), Medicine (including ICMU), Surgery (Including ICSU), Paediatrics & Geriatrics for 1 month each (ie 210 hours each) (through Physiotherapy department)
7. I shall complete my Internship within 200 days from the issue of DCPTOT registration.
8. I shall abide by all the rules & regulations of Institution/Hospital where they are posted.
9. Intern shall be responsible for proper use of equipments of the Institute/Hospital where they are posted. He/She shall be liable to pay for damages caused to the equipments resulting from improper use by him/her.
10. Internship period can be extended by the Principal / Director on the grounds:
 - 10.1 Unsatisfactory performance during the period: in the event of unsatisfactory report submitted by the Department In-charge, the period of internship shall be considered null & void and thus has to be repeated.
 - 10.2 In Case of indiscipline at any level: Discipline Committee exists in the Institution. In case of any lack of discipline, breach of trust or indulgence in any criminal activity on the part of the intern when reported by the concerned departments of Hospitals/Institutions, where the intern has been posted, the defaulting Intern shall be called back immediately and subjected to disciplinary proceedings by the Disciplinary Committee.
11. I am not eligible for any accommodation and stipend /remuneration during the period of Internship and I shall not claim any accommodation/ remuneration in any form whatsoever.
12. I shall bear all expenses including fee to be deposited at the hospital of Internship on my own and I shall not claim any expenditure or reimbursement from the institute in any form whatsoever.

13. I shall apply for Institute's NOC to pursue any educational, research, professional program, etc during my Internship period and I shall not enroll or participate in any such program without obtaining Institute's NOC.
14. I shall report back at the institute within 10 days of completion of my 6 months clinical Internship and submit my Attendance Sheet, Assessment Performa and Certificate of Internship completion from the hospital in the prescribed format as given by the Institute.
15. I shall apply for issuance of my final certificates as per the institute's procedure within 10 days of completion of my 6 months clinical Internship.
16. In case of any change in particulars given at the time of admission in the "Application form/ In the Pink form for issuance of certificates" , I shall update it within 10 working days.
17. I shall intimate institute in writing within 7 days of my application to any university, institute, agency, foreign body etc for studies, licensing, credentialing , etc.
18. I shall regularly visit Institute's website for general information, notices, updates etc (www.bcip.ac.in)
19. Indemnity Clause: In case of any omission, error or defect in the content or for matters not mentioned in this undertaking, the provisions of DCPTOT/Guru Gobind Singh Indraprastha University, Delhi/ UGC/ Banarsidas Chandiwala Institute of Physiotherapy, New Delhi and rules made there under will apply accordingly.

Declared this _____ day of _____ month of _____ year.

Signature of Deponent

Name: _____

VERIFICATION

Verified that the contents of this affidavit are true to the best of my knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified at _____(place) on this the ____ (day) of ____ (month), _____(year).

Signature of Student

Name: _____

Signature of parents

Name: _____

Solemnly affirmed and signed in my presence on this the _____(day) of _____(month), _____(year) after reading the contents of this affidavit.

OATH COMMISSIONER