## FORM OF DECLARATION/ UNDERTAKING

I,	S/o		
 years,residing	at		
 solemnly affir	m and states	as under:	

- 1) that I understand, my chances of regular appearance and supplementary appearance of BSc Nursing Exams have been exhausted and that the present chance to appear for the examination is a mercy chance under special supplementary scheme provided by the University on my request to provide a chance to complete the programme. I also understand that the University of Calicut has the authority and privilege to reject the application or to review the decision to conduct the examination at any stage without assigning any reason for the same.
- 2) I also undertake that granting this mercy chance and issuing of Mark List and other documents and awarding the degree thereafter by the University of Calicut do not entitle me to claim registration with Kerala Nurses & Midwives Council since, Indian Nursing Council (I.N.C) has prescribed its own time limit to complete a nursing degree to grant registration. Acceptance of my application and thereafter awarding degree, if successfully completed, cannot alter those norms of I.N.C for Registration.
- I also undertake that I am applying for the examination knowing fully well the fact that the appearance and the degree secured accordingly are not as per the I.N.C norms and on my own risk. I also certify that I will not raise any claim against the University of Calicut for having given me this mercy chance to complete my nursing programme nor will I submit any complaint to any authority or file any petition in any court of law against the University in this regard and that I will not

make	any	claim	against	University	for	any	consequences	arising	out	of	the
Univer	sity o	ırantind	the mer	cy chance.							

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## **VERIFICATION**

I do hereby affirm that the above statement made by me voluntary and it is true and correct to the best of my knowledge and belief and to enable me to complete my nursing programme.

Signature
Name:
Date:

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To be get signed before a Notary Public.