



बिहार स्वास्थ्य विज्ञान विश्वविद्यालय

BIHAR UNIVERSITY OF HEALTH SCIENCES

मीठापुर, पटना-800 001 (बिहार)
Tel-0612-2356912 website-www.buhs.ac.in

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Ref. no.-Exam-II-5003/2025-

321

Date-21/05/2025

Notification

The registration for Paramedical, Diploma, ANM, GNM, and Certificate courses of all affiliated colleges/institutes (*except the 18 petitioner colleges/institutions (ANM/GNM) involved in Civil Writ Jurisdiction Case No. 19010 of 2024*) for the academic session 2023–2024 will be conducted as per the following schedule:

- Registration Period: 22/05/2025 to 02/06/2025
- Registration Fee: ₹2,500/- (Rupees Two Thousand Five Hundred only)
- Submission : Duly signed registration forms along with required documents must be submitted to the University on or before 06/06/2025

All concerned colleges/institutes are required to submit an affidavit (before a First-Class Magistrate), declaring that they are not involved in any ongoing legal dispute or court matter either as a plaintiff or defendant, nor is it a party to any case pending before any court of law or tribunal.

All affiliated colleges/institutes are requested to ensure the timely and complete submission of registration forms and affidavits.

Registrar-cum-Examination Controller
Bihar University of Health Sciences, Patna

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Date-21/05/2025

Copy to-

1. The Registrar/Finance Officer/Assistant Registrar/PA to Vice Chancellor, Bihar University of Health Sciences, Patna for information and necessary action.
2. Principal/Director all affiliated colleges for information and necessary action.
3. Multigraphics, New Delhi & Veritos Infosolution Pvt.Ltd for information and necessary action.

Registrar-cum-Examination Controller
Bihar University of Health Sciences, Patna

I, **[Name of Affiant]**, son/daughter of **[Father's Name]**, aged **[Age]**, resident of **[Complete Address]**, do hereby solemnly affirm and declare as under:

1. That I am the **[Designation, e.g., Principal, Director, Registrar, etc.]** of **[Name of the College]**, a college established under the laws of **[mention the state or country, if relevant]**, located at **[Complete Address of the College]**.
2. That the said college has been operating since **[Year of Establishment]** and has been duly registered under the Bihar University Of Health Sciences
3. That to the best of my knowledge and belief, the said college is not involved in any ongoing legal dispute or court matter, either as a plaintiff or defendant, nor is it a party to any case pending before any court of law or tribunal.
4. That I am executing this affidavit in connection with the application for registration of the college Students and to the best of my knowledge, the college does not have any legal encumbrance that would hinder the registration process.
5. That this affidavit is being executed to state the college's current legal status and is true to the best of my knowledge, information, and belief, and I am aware of the consequences of furnishing false information.
6. That I undertake to inform the relevant authorities immediately if the college becomes involved in any legal dispute or court matter after the submission of this affidavit.

DEPONENT

(Signature)