**ALTERNATIVE MEDICAL COUNCIL ORISSA**

*(An Autonomous Body for Research & Development of Alternative Medicine under Learning Programme)*

**(Council for Research and Development of Alternative Medical Science)**

**Affiliated with: -** **THE OPEN INTERNATIONAL UNIVERSITY FOR COMPLIMENTARY MEDICINES. Established Under WORLD HEALTH ORGANISATION, Alma Ata, U.S.S.R declaration 1962**

**TO WHOM IT MAY CONCERN**

I have read and understand the rules, regulation and directives of Alternative Medical Council Orissa and also regarding all the ethics of Community Medical services and Essential Drugs (CMS-ED) course and I promise to obey and abide by all of them at the time of training and also after completion of the course, i.e. at the time of serving people.

**I further declare the Following:**

* That I know well that this course which I have enrolled myself is a certificate course of primary health worker under the guideline of WHO.
* That I know, believe and promise that I will not claim for any appointment or job after completion of the course as I know well, that this course is completely for a health care programme of the country.
* That I promise not to introduce and call myself a Doctor and/or put the sign or word to denote DR.(Doctor) before my name to misguide people. If I do so for my any such wrongful act, AMCO and/or the other authority involved in this training will not be responsible at all in any manner.
* That I promise to pay the admission fees, tuition fees and examination fees etc. prevailing or as modified from time to time as course fee payable by me as prescribed by AMCO.
* That I also declare that if any problem/dispute arises in connection with this training will be solved at the institute/Centre level. The institute/Centre will be the highest authority for solving any sort of disputes and I agree to obey and abide by the decision and rulings of the Centre of AMCO as final.
* Finally, I solemnly declare that I will not misuse any way the motto of the training and in any manner at the time of dealing, counseling and providing primary health care to people.
* I have read and understood all the rules, regulations and code of conducts of the organization regarding the CMS&ED course.
* I will follow the same rules and regulations and others as and when changes by the organization time to time.

I remain, Yours Faithfully.

Date: **Signature of the Student**