



**GOVERNMENT OF PAKISTAN
ISLAMABAD HEALTHCARE REGULATORY
AUTHORITY (IHRA)**

Phone: (92-51) 9250375-6



**Sample Format for Affidavit
(Produce the following content on a duly notarized stamp paper)**

AFFIDAVIT OF _____
S/o or as the case may be
R/o

I solemnly affirm and declare as hereunder:

1. Mention the contents of your complaint
2. That the allegations contained in the complaint are true and correct to the best of my knowledge and belief.
3. That no suit, appeal, or any other proceedings in connection with the subject matter of the complaint are pending before any court of competent jurisdiction;
4. That no allegation contained in the complaint is without reasonable and justifiable ground(s) and that it is not being made simply with an intention to harass, defame, embarrass and/or to pressurize the party complained against.
5. That I fully understand that in case my complaint is proved to be false, then I shall be liable to pay fine, which may extend to Rs. 200,000.
6. That I undertake to keep the Authority informed of my address and contact details and I further undertake that I shall regularly attend the hearings on the dates fixed by the Authority and fully understand that if I fail to attend the same for no sufficient reason, or willfully delay the proceedings of the Commission in its opinion, then I shall be liable to pay the costs as awarded by the Authority and that the Authority shall decide the complaint as per the governing law.
7. That a complaint was earlier made to the Healthcare Establishment, the same was not redressed by it (*or as the case may be – give details; if no complaint was made then it must be so mentioned, attach record relating to the said complaint, if any*).
8. That I have not filed a complaint on the same subject matter before any Authority nor the same matter is already pending before any court and further that the subject matter has not already been decided by any forum.



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9. That I am fully competent to apply for and determining the reason of complaint Mr/Mrs. _____ and that I undertake that I am ready and willing to get the same through the proper process and provide the same to the Authority at the earliest. *(Only applicable in cases where the patient has died and there is no autopsy report- In case the Complainant does not wish to obtain the said report then he shall state so in the affidavit).*

OR

10. That I am fully competent to apply for and obtain the autopsy Report for the purposes of determining the real cause of death of Mr/Mrs. _____ (deceased) and that I undertake that I am ready and willing to get the same through the process of exhumation and post-mortem and provide the same to the Authority at the earliest. *(Only applicable in cases where the patient has died and there is no autopsy report- In case the Complainant does not wish to obtain the said report then he shall state so in the affidavit).*

DEPONENT

Verification: -

Verified on oath at _____ on this ___ day of ___ 20__ that the contents of the above Para No. ___ to Para No. ___ are true and correct to the best of my knowledge and belief and those of Para No. ___ to ___ are correct as per the information provided to me and that nothing has been concealed therefrom.

DEPONENT

OR IF THE INFORMATION IS BASED ON SELF KNOWLEDGE AND BELIEF THEN: -

DEPONENT

Verification: -

Verified on oath at _____ on this ___ day of ___ 20__ that the contents of the above affidavit are true and correct to the best of my knowledge belief and that nothing has been concealed therefrom.

DEPONENT