



KULLIYAH OF MEDICINE

**SIGNING OF DECLARATION OF SECRECY FORM
SESSION**

CONFIDENTIAL

Dean
Kulliyah of Medicine

السلام عليكم ورحمة الله وبركاته

Dear Prof.,

DECLARATION OF SECRECY FOR EXAMINATION SESSION

I hereby declare that I shall uphold the secrecy and confidentiality of the examination proceedings and marks. I shall not reveal any information to any candidate or unauthorised persons.

* I also hereby declare the name(s) of my relative(s) who is/are studying at this University:

<u>No.</u>	<u>Name</u>	<u>Programme</u>	<u>Year</u>	<u>Relationship</u>
1.
2.
3.

* *Delete if inapplicable*

STAFF INFORMATION

Name :

Post :

Department :

Signature : Date :