

Sim Leagues Competition – Resident Participation Undertaking Form

To Whomsoever It May Concern,

This is to certify that the individuals listed below are currently enrolled as Postgraduate Medical Residents under training in the Department of _____ at _____ (Institution Name).

These residents are participating in the Sim Leagues Competition organized as part of EMCON 2025 and their participation has been duly authorized by the department.

S. No.	Name of Resident	Year of Residency	Registration ID
1*			
2*			
3*			
4*			
5			
6			

We undertake the following:

1. Verification of Residency: The above-named residents are bona fide postgraduate trainees in our institution and are currently in active training.
2. Authorization of Participation: Their participation in the Sim Leagues Competition has been reviewed and approved as part of their academic engagement.
3. Code of Conduct: The participants shall uphold professionalism, teamwork, and respectful behaviour throughout the event.
4. Confidentiality and Academic Integrity: The participants will not disclose case content to other teams and will uphold academic honesty throughout the event.

Certified by:

Signature of HOD: _____

Name: _____

Date & Institute Seal

Designation & Department: _____