

**ALBERTA INTERNATIONAL MEDICAL GRADUATE PROGRAM
ALBERTA RESIDENCY STATUTORY DECLARATION**

CANADA)
PROVINCE OF ALBERTA)
TO WIT:) **IN THE MATTER OF an application relating to
the Alberta International Medical Graduate
Program**

I, _____, of the _____ of _____, in the Province
(applicant name) (dd/mm/yr) (city/town)
of Alberta,

DO SOLEMNLY DECLARE THAT:

1. I have been a continuous resident of the Province of Alberta for 6 or more weeks up to and including July 2, 2010. I have resided in Alberta since _____

Month Day Year

2. Attached to this Statutory Declaration are true and notarized copies of the following original documents which I submit as proof of my residence in Alberta:

- (a) _____
- (b) _____
- (c) _____

AND I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME at the _____)
_____ of _____)
in the Province of Alberta,)
this ____ day of _____, 2010.)
_____)
_____)
_____)

A Commissioner for Oaths / Notary Public
in and for the Province of Alberta

Daytime Phone Number