

AFFIDAVIT

I, (Name and residential address) do hereby solemnly state and affirm and declare as under

- a. That I am the (Designation and address of Institute) and is associated with (Name and address of Institute) since _____ and am competent and authorized to swear this affidavit.
- b. That (Name of Institute) was running the following unapproved courses at (Address of the Institute) which have now been closed and are not running any courses at the given location:

DETAILS ABOUT COURSES RUN WITHOUT APPROVAL FROM AICTE EARLIER BUT CLOSED NOW

Name of the Courses	Level UG/ PG/ PG Dip /Dip	Entry Level Qualification	Duration of Course	Starting year	Date of Closing (Last Intake- Passing out)	Addendum

DEPONENT

VERIFICATION:

I, (name), the above named deponent do hereby verify that the contents of above Affidavit are true and correct to the best of my knowledge & belief, being based on records maintained by (name and address of Institute) in its ordinary course of business and no part of it has been concealed/misrepresented therefrom..

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Signed and verified at (*City and State*) on this the (*Date*)

DEPONENT