

AFFIDAVIT-11

(For Collaboration and Twinning Programme Between Foreign University / Institution OR Institute of National Importance / Eminence of India and AICTE Approved Institution

I/we, <Name>, Chairperson/ Secretary, <Name of the Trust/ Society/ Company>, son/ daughter of, aged....., resident of, do hereby solemnly affirm and declare as under:

1. That I/we have applied for Collaboration and Twinning Programme between Foreign University/ Institution <Name and address of Institution> and AICTE Approved Institution in India <Name and address of Institution> vide application <application number> dated
2. That the Degree/Diploma and post Diploma awarded to the students in India shall be recognized in the Parent Country and shall be treated equivalent to the corresponding Degrees/Diploma/Graduate, post Diploma awarded by the University /Institution in<Country of origin of University/Foreign Institution>;
3. That the Institution for which application for approval is being made shall offer Programme(s) and Course(s) approved by the Council;
4. That the Institution for which application for approval is being made shall admit students as per Intake approved by the Council;
5. That University/ Institution shall declare the detailed guidelines for admission, entry Level qualifications, Fee of all kinds, the examination and evaluation and award of degree that there shall not be major deviations with the prescribed procedures in their Parent Country, vis-vis India;
6. That the students admitted under the Twinning Programme will spend at least one Semester for the two years Programme and two Semesters for four years Programme in the Foreign University/ Institution in its Parent Country;
7. That admission to Collaboration and Twinning Programme shall be strictly within the limit and shall be done on Merit basis and liability, if any, arise out of the same shall solely be that of<Name of the Trust/ Society/ Company/ Technical institution>;
8. That MoU is executed to accommodate those students, who fail to get VISA, in the local affiliating University/ Institution to continue his/ her Education; and
9. That the facts stated in this Affidavit are true to my/ our knowledge. No part of the same is false and no material has been concealed therefrom.

(Name of the authorized person(s) executing the undertaking along with his/ her Official Position)

(SEAL) DEPONENT(s)

VERIFICATION

The above named deponent(s) do hereby verify that the facts stated in the above Affidavit are true to my/ our knowledge. No part of the same is false and no material has been concealed therefrom.

Verified at <Name of the place> on this the <date>.

(Name, Designation and Address of the Executants)

(SEAL) DEPONENT(s)

Solemnly affirmed and signed before me by the deponent(s) on this- day of – month, year ... at my office.
(Judicial First Class Magistrate/ Notary Public/ Oath Commissioner)

NOTE:

Institute shall download portal generated common affidavit as per application. The same should be printed on Non-Judicial Stamp Paper/ E-Stamp Paper of Rs. 100/- and upload over portal after duly Sworn before a First Class Judicial Magistrate or Notary or an Oath Commissioner.