AFFIDAVIT

Format of affidavit to be submitted by the applicant on a non judicial stamp paper of Rs. 100/- duly sworn before an Executive Magistrate

We		<name></name>		Chairm	an,		<na< th=""><th>ame of</th></na<>	ame of
the	Trust/Society>		Son	of				_ aged
	years	and, resident	of					
	<nam< th=""><th>le></th><th></th><th>Sec</th><th>cretary,</th><th><</th><th>name</th><th>of the</th></nam<>	le>		Sec	cretary,	<	name	of the
Trus	st/Society>	Son		of				aged
		years and, re	siden	t of				
	<name></name>	Principal/D	irecto	r,			<n< td=""><td>ame of</td></n<>	ame of
the	Trust/Society>		son	of _				aged
		years		and,		resident		of
					, in	connection	n with	n our
app	lication for affiliati	on dated			_ made to	H.P. Techn	ical Uni	iversity
for;	(retain items in the	ne list below as a	applic	able)				
1.		Technical Camp and/or Master De					al Progr	ram at
2.	9	Converting Existing Technical Institutions into a Technical Campus or adding new Technical Program/s at Degree in existing Technical Institutions.						
3.	Extension of affil	iation to existing T	-echni	cal Inst	itution/Tech	ınical Campı	JS.	
4.	Adding course/s	in existing prograr	n.					
5.	Closure of progra	am/course.						
6.	Conversion of W	omen's Institution	into C	o-Ed Ir	nstitution.			
Her	eby solemnly affirm	and declare as un	der: -					
1.	That I am (applicant institu	ition)		_ (des	ignation),			
2.		That the Institute is not offering any academic programme, which is not approved by HP Technical University.						
3.		That no other University has been approached for affiliation of the institute/courses mentioned in this application.						
4.	Technical Univer	are conducted as sity and all the r ified from time to t	ules a					

That all the physical deficiencies stated in the last approval letter for UG & PG programmes have been rectified (for existing institutions).

5.

- 6. That the UGC/AICTE/PCI pay scales and allowances have been granted to the teaching faculty and other staff.
- 7. That the admissions are made on merit and as per H.P. Technical University admission guidelines and capitation fee or donation of any kind has not been charged for admission.
- 8. That the teaching faculty and staff have been recruited as per qualification and experience as laid down by the AICTE/PCI/Technical University
- 9. That the tuition and the other fee are charged within the criteria prescribed by the Competent Authorities.
- 10. That the accounts of the institution are being maintained as per the provisions of AICTE/PCI and a Chartered Accountant's audits.
- 11. That the intake in any of the H.P. Technical University approved courses has not been increased beyond the sanctioned intake, without prior approval from the University.
- 12. That the building and premises in which the institution is functioning is not being utilized for any other courses/programmes which are not approved by the H.P. Technical University and AICTE/PCI.
- 13. That the information given by ______ (name/s) in the application of affiliation made to Technical University is true and complete. Nothing is false and nothing material has been concealed.
- 14. That if any of the information is found to be false, incomplete, misleading and/or that the ______ (Name/s) fail/s to disclose all the information and/or suppress any information and/or misrepresent the information, I/we shall be liable to be prosecuted by the Technical University at Hamirpur.
- 15. That the Technical University shall also be free to take any action including withdrawal of approval and/or any other action as deemed necessary against the _____ (name/s) and others as the case may be and/or the individuals associated with the Society/trust/A company established under Section 25 of Companies Act, 1956 and/or the Institution.
- 16. That the facts stated in this affidavit are true to my/our knowledge. No part of the same is false and nothing material has been concealed there from.

Sr.	Document No.	Date of Registration	Plot No.	Address (Village) Distt.	Area acres	in

(Name, Designation and Address of the Executants) (seal)

DEPONENT

DEPONENT

VERIFICATION

	med deponent do hereby verify that the facts stated in the knowledge. No part of the same is false and nothing matom.	
Verified at	(name of place) on this the	(date).
	(Name, Designation and Address of the Exec	cutants) (seal)