

उत्तर प्रदेश UTTAR PRADESH

AX 962086

AFFIDAVIT

I, SHIVJEE SINGH, authorized representative of the management VIDYA MANDIR SHIKSHAN SANSTHAN, ARYA NAGAR, GORAKHPUR -273001 in connection with my/our application for grant of recognition / permission of NRC ,NCTE to conduct Teacher Training course D.El.Ed. with 1 50 intake under section (14/15) of the NCTE Act, 1993 on behalf of the institution namely VIDYA GORAKHPUR-273007 do here, MANIRAM, GORAKHPUR-273007 do here by solemaly affirm and state as follows:-

BASHING That ASSENTIAL DATA SHEET TO BE SUBMITTED BY THE INSTIUTION AS PER PROVISIONS OF REGD WO 37 COMPANY A PEID

UNDERTAKING ON STAMP PAPER OF RS. 100/- DULY NOTARIZED BY THE NOTARY PUBLIC

5 That I do hereby swear that the above declarations/statements are true and correct to the best of my knowledge & belief and it conceals nothing and that no part of this is false. In case the content of affidavit are found to be incorrect or false, I shall be liable for action under the relevant provisions of the Indian Penal Code and other relevant laws.

Signature with seal:

Name of the Applicant: SHIVJEE SINGH

Address: ARYA NAGAR, GORAKHPUR

NOTARY M.O., Gerekhpur

D:\jyoti\BTC\Affidavait.doc



Serial Number

Bead Occasions of the department of the contents of the afficavity which has the readover & plained by me.

Bashisht Narain Srive stave

NOTA 29

H. Q. Greatique