


AFFIDAVIT

I, **S.P.Purohit, Kulshachiv**, authorized representative of the management/office i.e. **Gandhi Vidya Mandir, Sardarshahr** in connection with my/our application for grant of recognition / permission of **Buniyadi Shikshak Prashikshan Mahavidyalya, Gandhi Vidya Mandir, Sardarshahr** to conduct Teacher Training course **B.Ed. and M.Ed** with **220 and 30 respectively** intake/additional intake under section (14/15) of the NCTE Act, 1993 on behalf of the institution namely **Buniyadi Shikshak Prashikshan Mahavidyalya, Gandhi Vidya Mandir, Sardarshahr** do hereby solemnly affirm and state as follows:-

1. That Particulars of Staff are true and correct.
2. That information given in Essential Data Sheet are true and correct.
3. That information given in Building Completion Certificate are true and correct.
4. That information given in the Undertaking are true and correct.
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.



ATTESTED
11/10/12
CENTRAL NOTARY
SARDARSHAHAR


कुल सचिव
नामही विद्या मन्दिर
Signature with seal:

Name of the Applicant: **S.P.Purohit**
Address: **Kulsachiv, Gandhi Vidya Mandir, Sardarshahr**