

AFFIDAVIT

(BY PARENT / LEGAL GUARDIAN OF MINOR STUDENT)

I, Mr./Ms. _____, Son/Daughter of _____,
aged _____ years, residing at _____,
being the Parent/Legal Guardian of Master/Miss _____ (Minor Student), do hereby
solemnly affirm and declare as under:

- That I have voluntarily admitted my ward, Master/Miss _____
_____, to the course/programme titled _____
_____ offered by _____ (Organization Name).
- That I understand that the said programme is a Non-Formal Education / Skill
Development / Vocational Training Programme conducted by an Autonomous
Organization, and that any Certificate, Diploma, Mark Sheet, awarded by the
organization is only for knowledge and wisdom.
- That I have carefully read and understood the course structure, duration, etc
all details, examination/assessment criteria, and other rules, regulations,
and policies of the organization and have explained the same to my ward.
- That I shall abide by all rules, regulations, code of conduct, and policies of
the organization.
- That my ward and I shall abide by all rules, regulations, code of conduct, and
policies of the organization.

- That I understand that the Certificate/Diploma shall be issued only upon successful completion of the programme and fulfillment of all academic, attendance, examination, administrative, and financial requirements prescribed by the organization
- That I understand and acknowledge that the organization has not made any promise regarding any job.
- That neither I nor my ward shall hold the organization, its management, faculty, representatives, franchisees, study centres, associates, or any affiliated persons responsible for any misunderstanding regarding the nature of the programme, certification, recognition, employment opportunities, admission to other institutions, or further educational use of the programme.
- That this declaration is made voluntarily and without any force, pressure, inducement, misrepresentation, or undue influence.

DEPONENT (Parent/Legal Guardian)

Signature: _____

Name: _____

Relationship with Student: _____

Mobile No.: _____

Date: _____

Place: _____

VERIFICATION

I, the above-named deponent, do hereby verify that the contents of this affidavit are true and correct to the best of my knowledge and belief and that nothing material has been concealed therefrom.

Verified at _____ on this _____ day of _____, 20__

DEPONENT

Signature: _____