

FORMAT OF AFFIDAVIT TO BE SUBMITTED BY THE MANAGEMENT ON
RS. 100/- STAMP PAPER DULY NOTARISED

I, _____ son of Shri _____
aged _____ years, resident of _____ (address) in the capacity of
Chairman/President of _____ (Name of the Society/Trust with complete
address as in the society registration papers) take oath and state as under:-

1. That I am Chairman/President (or any authorized person of the management) of
(Name of the Society/Trust with complete address as in the society/trust registration
papers) and signing this Affidavit of behalf of it for which I am fully authorized.
2. That the managing society/ trust has made an application to the NCTE for running an
institution, namely, _____ (name & address of the
institution) for _____ (name of the course) with an intake of
_____.
3. That our society is in possession of land as per the following description :-

Total land area

Total Built up area

Address

Plot / Khasra / Khata No.

Village

District

Town

State

Registered in the office of _____ on _____

The land is on ownership basis / lease basis for a period of _____ years

4. That our society had made an application to NRC / WRC on _____ and the application
of our institution was rejected / refused by NCTE vide order No. _____ dated
_____ (copy attached). That the payment towards processing fee was made to
NRC / NCTE vide DD No _____ dated ____ (copy attached)
5. The our institution had obtained the NOC for the proposed course, as required under
clause 5 (3) of NCTE Regulations 2014, from the Affiliating body for ____ course vide
No. _____ dated _____.
6. That the following documents are enclosed with this affidavit :-
 - Proof of submission of initial application to NRC on _____
 - Rejection letter by NRC in respect of our initial application dated _____
 - Proof towards payment of processing fee at the time of initial submission to NCTE
is attached (Copy of DD / Bank Statement / Certificate from Bank)
7. That the following applications for Teacher Education Courses at the above premises
are pending with NCTE as given below :-

Sl. No.	Name & Address of the Institution	Plot / Khasra No.	Application No / File No.	Date of submission of application to NCTE	Date of Rejection of application by NCTE, if any	Course

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8. That our society is also running the following teacher education courses at the above premises:-

Sl. No.	Name & Address of the Institution	Plot / Khasra No.	Date of submission of application to NCTE	Application No / File No.	Date of recognition by NCTE	Affiliating body	Course & Intake

Note : Copy of recognition orders of NCTE attached.

Verification

I, _____, the above named deponent do hereby verify that the statement made by me in paras above are true and correct and that it conceals nothing and that no part of this is false. This Affidavit is being submitted to the WRC-NCTE and if any variation/incorrect or deliberately distorted information is found, I shall be liable for action under the relevant provisions of the Indian Penal Code and other relevant laws.

Further, the NCTE will be also at liberty to take action under clause 7 (3) and 8 (6) of NCTE Regulations 2014, which clearly states :-

7 (3) "Furnishing any false information or concealment of facts in the application, which may have a bearing on the decision making process or the decision pertaining to grant of recognition, shall result in refusal of recognition of the institution besides other legal action against the management".

8 (6) "In case the contents of the affidavit are found to be incorrect or false, the society or trust or the institution concerned shall be liable for civil and criminal action under the relevant provisions of the Indian Penal Code and other relevant laws, and shall also be liable for withdrawal of recognition by the Regional Committee concerned".

(Signature of Deponent)
Name of applicant
Address
E-mail address
Phone No.

Place :-

Date:-