

Paste stamp Rs.50.00

**AFFIDAVIT**

**PASTE  
A  
PHOTO**

I .....S / D /of.....

R/of street / H.No / .....

Village / City.....Tehsil.....

Distt.....State.....Pin code.....

Telephone.....Mobile.....

**Declare as under:**

**1. I am Director / Principal / Head / Proprietor of the Institute Named, ( Name and address of the Institute)**

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Village / City .....Distt..... Satate.....Pin code.....

Email..... website:.....

Mobile.....Phone.....Fax.....

- 2. I want authorization from The Council of Technical Education and Training – admin office, Banga-144505 (Punjab) India , for my institute to run the council’s training programme / courses.**
- 3. I know that the council is an autonomous body and I am fully satisfied from the council programme and courses.**
- 4. I am fully authorized for all responsibilities and liabilities of my institute with the council.**
- 5. I shall not give any guarantee or promise to any student to give or get any Govt. / private job or any further admission.**
- 6. All admission / examination documents collected from the council / students will be kept safely / confidentially by me and it is my responsibility for its timely distribution in the institute or sent to the council.**
- 7. I shall abide to and obtain to present rule and regulations and directions of the council and those, which are to be enforced time to time.**
- 8. I have read, understood, accept the rules and regulations of the council and agree to abide. If I struck any rule and regulation of the council, the council will free / authorized to cancel the authorization of my institute without any prior notice and information and I will liable to all expenses of the council and students.**

**Signature of the Deponent**

**Date:**

Attested by Notary Public / Tehsildar  
(Attach attested ID proof)