

AFFIDAVIT

Format of the affidavit to be submitted by the authorized person of institutions on a Non-Judicial stamp Paper/E-Stamp Paper of Rs 100/-

duly sworn before a First Class Judicial Magistrate or Notary or an oath commissioner for filing PAR

I,.....age.....years and resident of
.....president of ,.....
.....trust

I,.....age.....years and resident of
.....secretary of ,.....
.....trust

I,.....age.....years and resident of
.....principal of ,.....
.....nursing college

Herby solemnly affirms and declare as under That

- 1. The information provided and uploaded to MSBNPE is true and complete, nothing is false and no information/material has been hidden.
- 2. If any of the information is found false, incomplete, misleading and/or that the(Institute) fail (s) to disclose all the information and /or suppress any information and /or mispresent the information, the MSBNPE has right to take any action which, include the withdrawal of recognition/affiliation.

Name of the authorized person executing the undertaking along with his/her official position)

(SEAL)
DEPONENT(s)

VERIFICATION

I, the above-named deponent do verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and no material has been concealed there from.

Verified atonday of 2020.

(Name, Designation and Address of the Executants)

(SEAL)
DEPONENT(s)

Solemnly affirmed and signed before me by the deponent on this day of month,20....at my office.

(Judicial First Class Magistrate /Notary Public/oath Commissioner)