



उत्तर प्रदेश UTTAR PRADESH

N. No. : AU 726443

AFFIDAVIT

I, **Surendra Pratap Singh**, authorized representative of the management/office i.e. **Kunwari Chandrawati Shikshan Sanssthan, Vill. : Mumtaz Nagar & Post : Mumtaz Nagar, Distt : Faizabad (U.P.)** in connection with my application for grant of recognition of running to conduct Teacher Training course DIED (Name of the course) with 50 intake under section (14) of the NCTE Act, 1993 on behalf of the institution namely **Kunwari Chandrawati College of Education, Vill. : Ghatampur & Post : Mumtaz Nagar, Distt : Faizabad (U.P.)** do hereby solemnly affirm and state as follows:-

1. That the deponent is manager of **Kunwari Chandrawati College of Education.**
2. That the institution will follow rules and regulations imposed by NCTE.
3. That the all entries and statements setup in application form are true and correct.
4. That the deponent is authorize for signature all document furnish in the office of NRC NCTE by instruction of trust.
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.

Surendra Pratap Singh
Vill. : Raipur &
Post : Kotsarai,
Distt : Faizabad (U.P.)

कुँवरि चन्द्रावती शिक्षण संस्थान
ममताल नगर फाँजाबाद