

NOTARY TICKETS

AFFIDAVIT

IS / D / of

Resident of

Village Tehsil

Distt State Pin code

Telephone Mobile

Declare as under:

1. I am Director / Principal / Head of the

.....

.....

..... Email@.....

(Name and complete address of the institute/school/college)

Pin code Phone Mobile

2. I want affiliation from Swami Vivekananda Secondary & Sr. Secondary Open Education, Delhi. for my institute /school/ college to run the board's education & training programme and I am well aware and fully satisfied about the courses and the

status of the board and I know that all the courses run by the board are autonomous programme and for knowledge and wisdom and for self education only.

3. I am fully and legally authorized for all responsibilities and liabilities of my institute / school /college / academy with the board.

4. I will not give any guarantee or promise to any student to give or get any admission and job.

5. All admission / examination documents collected from the board / students will be kept safely / confidentially by me and it is my responsibility for its timely distribution in the centre or sent to the board.

6. I shall abide and obtain to present rule and regulations and directions of the board and those which are to be enforced time to time.

7. If I / my institute / school /academy have any dispute with the board it will be resolved through the committee appointed by the Swami Vivekananda Secondary & Sr. Secondary Open Education, Delhi under Indian Arbitration Act 1940. The decision of the arbitrator shall be final and binding on all parties, direct court will not be permissible.

8. I have read and understood and accept the rules and regulations of the board and agree to abide by them .If I stuck any rules and regulations of the board, the board will free / authorized to cancel the affiliation / contract and I will liable to all expenses of the board and students.

Signature of the Deponent

Name.....

Date:

Attested by Notary public