

AFFIDAVIT¹

Format of affidavit to be submitted by the applicant on a non-judicial stamp paper of Rs.100/- duly sworn before a First Class Judicial Magistrate or Notary or an Oath

Commissioner

<name>, Chairman, <name of the Trust/Society>, / Son of.....

I/We, aged.....years and resident of

<name> **Secretary.** <name of the trust /Society>, son of

aged.....years and resident of,

<name> Principal/Director <name of the trust /Society>,son of

in connection with our application datedmade to CSVTU Bhilai, for (retain items in the list below as applicable)

1. **Setting up new Technical Institution** offering Technical Program at Degree / post Graduate Degree and / or diploma and Post Diploma Level
2. **Change of Site/Location**
3. Closure of Instutute
4. Conversion of Women's Institution into Co-Ed Institution
5. Extension of approval to existing Technical Institution /Technical Campus
6. **Increase/reduction in intake in existing courses**
7. Adding course/s in existing program
8. Closure of program/course
9. Mandatory provision of supernumerary seats for TFW
10. Introducing / continuing /discontinuing of supernumerary seats for PIO
11. Introducing / continuing /discontinuing of supernumerary seats for NRIs
12. Change of name of the Institute
13. Second shift program
14. Part Time Programe
15. Adding Dual Degree courses
16. Adding integrated course
17. **Collaboration & Twining Programme between Indian and Foreign Universities/ Institutions in the field of Technical Education, Research and Training**

Hereby solemnly affirm and declare as under:

1. That I am <designation>, <applicant Institution>.
2. That the declaration, information and documents pertain to one location (3 locations in case of Hilly Area in North Eastern States) with building and infrastructure therein where the approval, Extension of Affiliation is sought.
3. That the information given by <name/s> in the application made to CSVTU, Bhilai is true and complete. Nothing is false and nothing material has been concealed.
4. That if any of the information is found to be false, incomplete, misleading and / or that the <name/s> fail/s to disclose all the information and / or suppress any information and / or misrepresent the information, I/we shall be liable to be prosecuted by the CSVTU Bhilai.

5. That the CSVTU Bhilai shall also be free to take any action including withdrawal of affiliation and / or any other action as deemed necessary against the <name/s> and others as the case may be and / or the individuals associated with the Society / trust / A company established under Section 25 of Companies Act 1956, and/or the Institution .
6. That the facts stated in this affidavit are true to my / our knowledge. No part of the same is false and nothing material has been concealed there from.

(Name, Designation and Address of the Executants)
(seal)

DEPONENT

VERIFICATION

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and nothing material has been concealed there from.

Verified at <name of the place> on this the <date>.

(Name, Designation and Address of the Executants)
(seal)

DEPONENT

AFFIDAVIT²

Format of affidavit to be submitted by the applicant on a
non-judicial stamp paper of Rs.100/-

duly sworn before a First Class Judicial Magistrate or Notary or an Oath
Commissioner along with deposit of requisite amount

I/We, <name>, Chairman, <name of the Trust/Society>, / Secretary, <name of the
Trust/Society>, son of, aged, resident of, do hereby
solemnly affirm, state and
undertake to comply with the following in connection with my / our application
<application number>
to CSVTU Bhilai for **establishment of Institution** <name and address of proposed
Institution>,

1. That in accordance with the norms, procedures and conditions prescribed by
the AICTE/UGC, an amount of Rs. shall be required to be
deposited by the <name of the Trust/Society> in CSVTU Bhilai account, for
a period of 10 years.
2. That the interest accrued on the deposit shall be retained by CSVTU Bhilai
3. That the CSVTU Bhilai in its discretion may extend the term of the deposit for
a further period and / or forfeit the amount for violation of norms, conditions
and requirements prescribed by the CSVTU Bhilai and / or non-performance
by the Institution and / or closure of the Institution due to withdrawal of
affiliation or for any other reason. In an event of forfeiture, the proceeds of the
fixed deposit shall be utilized for meeting the expenditure towards refunds
to the students and others.
4. That all requirements as mentioned under the regulations AICTE/UGC <name
and address of proposed Institution> will be complied within one month from
the date of issuance of the affiliation letter.
5. That the land measuring acres, on which <name of the proposed
Institution> is located was not mortgaged for any purpose to any Institution
on the date of filing the application and that status is continuing till date and
will continue till the date of issuance of the letter of affiliation.
6. In the event of non-compliance by the <name of the Trust/Society> and / or
<name of the proposed Institution> with regard to guidelines, norms and
conditions prescribed, as also in the event of violation of any of the undertaking
mentioned herein, the CSVTU Bhilai shall be free to take appropriate action
including withdrawal of its affiliation without consideration of any related
issues and that all liabilities arising out of such withdrawal shall solely be that
of the (Society / Institute / College).
7. That the facts stated in this affidavit are true to my / our knowledge. No part
of the same is false and nothing material has been concealed there from.

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

VERIFICATION

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and nothing material has been concealed there from.

Verified at <name of the place> on this the <date>

(Name, Designation and Address of the Executants)
(seal)

DEPONENT

AFFIDAVIT³

Format of affidavit to be submitted by the applicant on a
non-judicial stamp paper of Rs.100/-

duly sworn before a First Class Judicial Magistrate or Notary or an Oath Commissioner along with deposit of requisite amount

I/We, <name>, Chairman, <name of the Trust/Society>, / Secretary, <name of the Trust/Society>, son of, aged, resident of, do hereby solemnly affirm, state and undertake to comply with the following in connection with my / our application <application number> to CSVTU Bhilai for conduct of **2nd Shift Programs** in our Institution <name and address of Institution>,

1. I will abide by all terms and conditions as laid down in the UGC Regulation 2014
2. That the CSVTU, Bhilai in its discretion may extend the term of the deposit for a further period and / or forfeit the amount for violation of norms, conditions and requirements prescribed by the CSVTU, Bhilai and / or non-performance by the Institution and / or closure of the Institution due to withdrawal affiliation of CSVTU, Bhilai or for any other reason. In an event of forfeiture, the proceeds of the fixed deposit shall be utilized for meeting the expenditure towards refunds to the students and others.
3. That all requirements as mentioned under the regulations and applicable <name and address of Institution> will be complied within one month from the date of issuance of the affiliation letter.
4. In the event of non-compliance by the <name of the Trust/Society> and / or <name of the proposed Institution> with regard to guidelines, norms and conditions prescribed, as also in the event of violation of any of the undertaking mentioned herein, the CSVTU, Bhilai shall be free to take appropriate action including withdrawal of its affiliation a without consideration of any related issues and that all liabilities arising out of such withdrawal shall solely be that of the (Society / Institute / College).
5. That the facts stated in this affidavit are true to my / our knowledge. No part of the same is false and nothing material has been concealed there from.

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

VERIFICATION

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and nothing material has been concealed there from.

Verified at <name of the place> on this the <date>.

(Name, Designation and Address of the Executants)
(seal)

DEPONENT

CERTIFICATE¹

TO BE PRODUCED ON ADVOCATE'S LETTERHEAD

The copies of <Trust/Society> registration documents, land documents, land use certificate, land conversion certificate in respect of application submitted by <name & address of the applicant> who is an applicant for establishment of new technical Institution offering technical education programs were provided to me by <name & address of the applicant> for verification regarding their authenticity and appropriateness.

A. Trust/Society Registration Documents:

Registration Certificate No.	
Date of Registration	
Registered at	
Registered under act	

1. I have verified the above-mentioned Trust/Society registration documents from the office of <Competent Authority>.
2. The above-mentioned Trust/Society registration documents are/are not registered at the office of <Competent Authority>.
3. The above-mentioned Trust/Society Registration Documents are /are not authentic .

B. Land Documents:

Sl.No.	Document No.	Survey No.	Registration No. And date	Land area in acres
			Total area (in acres)	

I hereby certify that:

1. I have verified the above-mentioned land documents from the Sub Registrar Office <place>
2. The above-mentioned land documents are/are not registered at Sub Registrar Office <place>
3. The above-mentioned land documents are /are not authentic .
4. The above-mentioned land documents are / are not in the name of applicant.
5. The title of the land pertaining to the above-mentioned land documents is/ is not clear.
6. The applicant is / is not in lawful possession of the land pertaining to the above-mentioned land documents.

C. Land Use Certificate:

Letter no.	
Letter dated	
Issued by	
Extent of Land	

I hereby certify that:

1. The competent Authority to issue the Land Use Certificate respect of Land under reference and for the proposed Institution mentioned above is
2. It has / has not been approved by the competent authority .
3. I verified the above-mentioned land use certificate from the Office of <Competent Authority>.
4. The above-mentioned land use certificate is / is not authentic.
5. It has been / not been issued for the full extent of Land.

D. Land Conversion Certificate:

Letter no.
Letter date d
Issued by
Extent of Land

I hereby certify that:

1. The competent Authority to issue the Land Conversion Certificate respect of Land, under reference and for the proposed Institution mentioned above is
2. It has / has not been approved by the competent authority .
3. I verified the above-mentioned land conversion certificate from the Office of <Competent Authority>.
4. The above-mentioned land conversion certificate is / is not authentic.
5. It has been / not been issued for the full extent of Land.

Signature of the Advocate Seal /

Stamp of the advocate

Name of the Advocate

Practising
at

Registration No.

Date

Place:

**CERTIFICATE²
TO BE PRODUCED ON LETTERHEAD OF
ARCHITECT REGISTERED WITH COUNCIL FOR ARCHITECTURE**

The copies of approved site plan & building plans in respect of application submitted by <name & address of the applicant> who is an applicant for establishment of new technical Institution <name of the Institutions> at <address> were provided to me by <name & address of the applicant> for verification regarding their authenticity and appropriateness.

Details of Site Plan & Building Plans

Plans approved by	
Approval Number	
Date of Approval	

I hereby certify that:

1. The competent authority for approving the site plan and building plans of an educational Institute at the proposed site mentioned above is
2. I have verified the above-mentioned site plan & building plans from the office of <Competent Authority>.
3. The above-mentioned site plan & building plans have/have not been approved by the competent authority.
4. The above-mentioned site plan & building plans are /are not authentic.
5. Construction of building admeasuring with the following details has been completed in all respects as per the approved building plan .

Sl. No.	Romm No.	Room Tyoe (mention class room/Lab/Toilet etc)	Carpet Area (in sqm)	Completion of flooring	Completion of Walls and painting	Completion of Electrification and lighting

Signature of the Architect

Seal

Name of the Architect

Registration No

Date :

Place :.....

CERTIFICATE³
TO BE PRODUCED ON THE BANK LETTERHEAD DULY SIGNED BY THE
BANK MANAGER OF THE BRANCH
WHERE THE APPLICANT HAS BANK ACCOUNT

The copies documents **pertaining to the funds position i.e. the bank statement and/or** Fixed Deposit Receipts in respect of application submitted by <Name & address of the applicant> who is an applicant for establishment of new technical Institution <Name of the Institution> at <address>) were provided to me by <name & address of the applicant>for verification regarding their authenticity and appropriateness.

A. Bank Statement

Name of the Account Holder	
Account Number	
Name & address of the Bank	

It is certified that,

1. I verified the above-mentioned bank account from <name & address of bank>.
2. The above-mentioned bank account is in the name of.....
3. The above-mentioned bank account is /is not authentic.
4. The balance in the above-mentioned bank account as on today, i.e. <dd/mm/yyyy> is Rs.

B. Fixed Deposits

Sl.No.	FDR Number	Date of Deposit	Date of Maturity	Amount	Name & Address of Bank
			Total Amount		

It is certified that,

1. I have verified the above -mentioned FDRs from our Branch / Bank.
2. The above-mentioned FDRs are / are not in the name of the applicant under reference mentioned above.
3. The above-mentioned FDRs are / are not authentic.

<i>Signature of the BANK MANAGER</i>	Seal
Name of the BANK MANAGER
DatePlace:.....

CERTIFICATE⁴

Certificate of Sub-Divisional Magistrate or Collector or Tahasildar

This is to certify that **land measuring**----- (acre) bearing Plot No./Survey No. -----
------(give details of Land) **situated at** is registered in the name
of
.....Society/Trust/Company vide Registration bearing Document No.--
----- dated.....by way of ownership / Government Lease.

There **is no dispute pertaining to the said land and the land is free from** all
encumbrances. The building plan for the building constructed on the aforesaid land is
duly approved by ----- authority which is competent to approve the said building
plan in ----- area. The land and building is fit to be used for running a Technical
Institution.

(Sub-Divisional Magistrate / Collector / Tahasildar)

FORMAT¹

Resolution for establishment of New Technical Institution

That the Trust / Society vide its executive meeting held onat vide item no. have resolved that, <name of the trust / society> shall apply to CSVTU Bhilai for affiliation to start <name of the Institution> to offer technical education in <Program> and shall allocate,

land at <complete address with survey numbers, plot numbers> measuring acres, earmarked for the proposed <name of the technical Institution> at <full address>

required funds for creation of carpet and built up area in <name of the Institution> at <address>, as required for proposed Technical Institute namely, <name of the Institution>, and shall allocate required funds for procurement of equipments, furniture and other required entities for smooth functioning of the same.

(Signature and name of Chairman / Secretary, Trust / Society),

(Designation), (Name of the organization)

FORMAT²

Resolution for Additional Program additional intake / additional course

That the Trust / Society vide its executive meeting held onat vide item no..... have resolved that, <name of the trust / society> shall allocate required funds for creation of additional carpet and built up area in <name of the Institution> at <address>, as required for <additional Program> / <additional course> / <additional intake in ... course> in <name of the Institution>, and shall allocate required funds for procurement of equipments, furniture and other required entities for smooth functioning of the same .

(Signature and name of Chairman / Secretary, Trust / Society),
(Designation), (Name of the organization)

FORMAT³

Resolution for Closure of Courses / Programs / Reduction in Intake

<retain paragraphs as applicable>

That the Trust / Society vide its executive meeting held onat
vide item no. have resolved that,

<name of the trust / society> shall allocate required funds for creation of additional
carpet and built up area in <name of the Institution> at <address>, as required for
<additional program> / <additional course> / <additional intake in ... course> in
<name of the Institution>, and shall allocate required funds for procurement of
equipments, furniture and other required entities for smooth functioning of the
same.

<name of the Institution> shall apply for,

- reduction in intake in <course1>, from <current intake> to <reduced
intake>, <course2>, from <current intake> to <reduced intake>
- Closure of program <Program1> , <Program2> ..
- Closure of course/s <course1>, <course2> ..

<name of the Institution> shall apply for affiliation for introduction of supernumerary
seats for PIO from <academic year>.

<name of the Institution> shall apply for affiliation for introduction of seats for
sons/daughters of NRIs

<name of the Institution> shall apply for affiliation for change of name of the Institute

(Signature and name of Chairman/Secretary of parent organization),

(Designation), (Name of the organization)

FORMAT4

**FOR NO OBJECTION CERTIFICATE FROM STATE GOVERNMENT / UT
For Closure of Courses / Programs / reduction in Intake**

The <name of the trust / society> vide its executive meeting held onat vide item no. have resolved for closure of course(s) / Program / Reduction in Intake

<name of the Institution> at <address> ,

<course1 (intake...) ,..course2 (intake...),..> at <name of the Institution> at <address>

Vide application ref. No..... Date:made by the Society / Trust Name.....Address as at....., This is to confirm that the <State Government / UT / Board >..... has no objection for Closure of Courses / Programs / reduction in Intake

- <name of the Institution> at <address> ,
- <course1 (intake...) ,..course2 (intake...),..> at <name of the Institution> at <address>

The Government / UT authorized Signatory shall add a note here stating,

1. re-arrangement of current students / students who were admitted in these courses in the previous years and who are trailing due to failures, etc. in the following table.
2. Current staff strength, re-arrangements and dues, if any shall be settled as per existing norms and regulations on that behalf.

Liabilities if any on this count shall be the sole responsibility of the applicant of the Society / Trust and shall be settled as per the rules and regulations as applicable

Secretary,

Higher & Technical Education

<state / UT>

FORMAT⁵

**FOR NO OBJECTION CERTIFICATE FROM
STATE GOVERNMENT / UT**

For Conversion of Women Only Institute to Co-Ed Institute

The <name of the trust / society> vide its executive meeting held onat vide item no. have passed a resolution for Conversion of Women Only Institute to Co-Ed Institute

<name of the Institution> at <address> ,

Vide application ref. No..... Date:made by the Society / Trust Name.....Address as at....., This is to confirm that the <State Government / UT >..... has no objection for Conversion of Women Only Institute to Co-Ed Institute <name of the Institution> at <address> ,

Liabilities if any on this count shall be the sole responsibility of the applicant of the Society / Trust and shall be settled as per the rules and regulations as applicable

Authorised Signatory

<State Government>

FORMAT⁶

**FOR NO OBJECTION CERTIFICATE FROM
STATE GOVERNMENT / UT**

For Change of Name of the Institute

The <name of the trust / society> vide its executive meeting held onat vide item no. have resolved to Change of Name of the Institute .

<name of the Institution> at <address> ,

Vide application ref. No..... Date:made by the Society / Trust Name.....Address as at....., This is to confirm that the <State Government>..... has no objection for Change of Name of the Institute .

Liabilities if any on this count shall be the sole responsibility of the applicant of the Society / Trust and shall be settled as per the rules and regulations as applicable

Authorised Signatory

<State Government / UT>

FORMAT⁷

FOR NO OBJECTION CERTIFICATE FROM STATE GOVERNMENT

For Closure of the Institute

The <name of the trust / society> vide its executive meeting held onat vide item no. have resolved to Change of Name of Site / Location of the Institute

<name of the Institution> at <address> ,

Vide application ref. No..... Date:made by the Society / Trust Name.....Address as at....., This is to confirm that the <Affiliating University / Board >..... has no objection for Closure of the Institute

-.<name of the Institution> at <address> ,

. <course 1 (intake...) ,...course2 (intake...) ,...> at <name of the Institution> at <address>

Liabilities if any on this count shall be the sole responsibility of the applicant of the Society / Trust and shall be settled as per the rules and regulations as applicable

Authorised Signatory
State Govt.

FORMAT⁷

**FOR NO OBJECTION CERTIFICATE FROM
STATE GOVERNMENT / UT**

For Change of Site / Location

The <name of the trust / society> vide its executive meeting held onat vide item no. have resolved to Change of Site / Location of the Institute .

<name of the Institution> at <address> , (Old)

<name of the Institution> at <address> , (New)

Vide application ref. No..... Date:made by the Society / Trust Name.....Address as at....., This is to confirm that the <State Government>..... has no objection for Change of Site / Location of the Institute .

Liabilities if any on this count shall be the sole responsibility of the applicant of the Society / Trust and shall be settled as per the rules and regulations as applicable

Authorised Signatory

<State Government / UT>

FORMAT⁸

**FOR NO OBJECTION CERTIFICATE FROM AFFILIATING UNIVERSITY /
BOARD**

For Change of Site / Location of the Institute

The <name of the trust / society> vide its executive meeting held onat
..... vide item no. have resolved to Change of Name of Site / Location
of the Institute

<name of the Institution> at <address> , (Old)

<name of the Institution> at <address> , (New)

Vide application ref. No..... Date:made by the Society /
Trust Name.....Address as at....., This is to confirm that
the <Affiliating University / Board >..... has no objection for Change of
Site / Location of the Institute

- . <name of the Institution> at <address> ,
- . <course1 (intake...) ,..course2 (intake...),..> at <name of the Institution> at
<address>

Liabilities if any on this count shall be the sole responsibility of the applicant of the
Society / Trust and shall be settled as per the rules and regulations as applicable

Registrar

<Affiliating University / Board >

