## Affidavit

	It is hereby certified that the below mention facts and statements are
true.	

1.	lt	is	hereby	certified	that	-1	am	the	Director	/	President	of
					school	/ c	ollege	<u>)</u> .				

2.	The	detailed	mentioned	in	the	application	submitted	by
						sch	nool/college	are
	only f	or Nursing S	School / Colleg	e.				

3. No part of the said block/building is being utilized for other purpose / other schools or colleges or any other programs.

4. If-

Details of other institution run in this building/area are as follow:

SI No.	Name of the	Complete	Program	NoC	Affiliation	Image
	institution	Address		from	from	
1						
2						
3						

The above mentioned facts and statements are true and if found false, I'll be responsible for cancellation of NoC and affiliation for concerned institution without any prior notice / information.

## **Affidavit**

			ı	t is here	oy certified	that th	ne b	elow	ment	tion fac	ts ar	nd s	tatements	s are
tru	e.													
	1.	It	is	hereby	certified	that	I	am	the	Direct	or	/	President	of
						school	/ cc	llege						
	2.	The	9	detailed	mentio	ned	in	the	aŗ	oplication	on	su	bmitted	by
											sch	ool	/college	are
		onl	y fo	r Nursin	g School / C	College.								
	3.	It is	s he	reby cer	tified that	the lis	t of	teac	hers a	attache	d to	thi	s affidavit	t are
		onl	y fo	r		(Na	ame	of th	ne pro	gram)				
	4.	It is	s he	reby cer	tified that	the lis	t of	teac	hers a	attache	d to	thi	s affidavit	t are
	••			•	ing in this									

The above mentioned facts and statements are true and if found false, I'll be responsible for cancellation of NoC and affiliation for concerned institution without any prior notice / information.

further be notified to JNRC.

## List of Teaching Faculty for Affidavit

Name	e of the Institute -	Full Ad	ldress –				E-mail ID –	
	Na	ame of the Programn	ne			(only for sin	gle programme)	
Si. No	Name of the Faculty	Father's Name/Husband N	lame	Qualification	Post	Experience	Adhar No.	NUID No /
							•	