

AFIDAVIT

CR 5141

1- I CHANDRA SHEKHAR KATIYAR s/o KASHI PRASAD Manager SHRI KAS MAHAVIDYALAYA RAMGHARI SIKANDRA KANPUR DEHAT aged about years, resident of vill KORAUWA post- URSAN Distt KANPUR DEHAT Pin 2093 am the authorized signatory of the application made to the regional committee of t Natinal Council for Teacher education at Jaipur seeking grant of recognition/permissi for conducting a course in Teacher Education titled D-EL-ED with one intake of fit 50

That the Shrikashi Mahavidyalaya Ramghari Sikandra Kanpur Dehat Institutio College in possession of land as per the following description.

1- Total Area of the land (in Sq. Mtr.) 16190 Sqm

2- Address: Ramghari Sikandra Kanpur Dehat.

3- Plot No. 122 kha or 137kha

4- Khasra No. 122 kha or 137 kha

5- Village/Town/City: Village Ramghari

6- District : Kanpur Dehat.

7- State: U.P.

Bounded by

North

Aland of Fool Singh

South

Aland of Rameshwar.

East

Aland of Netra Kumari

Vest

Aland of Tribhuan

Registered in the office of : Tahseel Sikandra Kanpur Dehat On

- 01 of 02---

- 3- That the land is on ownership basis/lease from Govt./Govit. Institution for a minimum period of forever. (strike out whichever is not applicable).
- 4- That the land is free from all encumbrances.]
- 5- That the land is exclusively meant for running the educational institution and the permission of the Competent Authority to this effect has been obtained vide letter No. 4253-59 dated 19/09/2009 and send a copy there of is enclosed.
- 6- That the said premises shall not be used for running any non-educational activity, other than the education programme.
- 7- That the copy of the affidavit shall be displayed on the website of the institution for general public.
- 8- I do hereby swear that my declaration under Paras (1) to (7) are true and correct and that it conceals nothing and that no part of this is false. In case the contents of affidavit are found to be incorrect or false. I shall be liable for action under the relevant provision of the Indian Penal, Code and other relevant lawse.

Signature :

Name of the applicant

Place Date

Service of the state of the service of the service

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