

Form (Suggestive)

Affidavit required to be given by the Parents/Guardian of the student/trainee.

I, _____ aged _____ Years,
son/daughter/wife of Shri _____
Resident of _____

do hereby solemnly affirm and declare as under:-

- i. That I am the Father/Mother/Guardian of Sh./Km./Smt. _____
who has been selected for 2-years Veterinary Pharmacists Training Course.
- ii. That my ward sh./Km./Smt. _____ will not indulge in ragging
at the time of his/her admission and thereafter during his/her tenure of
complete Course.

Deponent

Verification

I, the above named deponent do hereby verify that the contents of my
above affidavit are true and correct to the best of my knowledge and belief and nothing
has been concealed therein.

Deponent:

Place:

Date: