

## AFFIDAVIT-10

### **For Change in the Name / Address of the Trust / Society / Company**

This should be printed on Non-Judicial Stamp Paper of ₹100/- and duly Sworn before a First Class Judicial Magistrate or Notary or an Oath Commissioner.

I/ We, <Name>, Chairman/ Secretary, <Name of the Trust/ Society/ Company>, 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 Board of Technical Education, Lucknow, Uttar Pradesh for change in the Name of the Trust/ Society/ Company of our Institution <Name and address of Institution>.

1. I/ We will abide by all terms and conditions as laid down by Board of Technical Education, Lucknow, Uttar Pradesh.
2. That there is no commercial or business angle for change of <Name of the old Trust/ Society/ Company> to < Name of the new Trust/ Society/ Company>;
3. That in the event of Non-Compliance by the <Name of the Trust/ Society/ Company> 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, Board of Technical Education, Lucknow, Uttar Pradesh shall be free to take appropriate action including withdrawal of its affiliation without consideration of any related issues and that all liabilities arise out of such withdrawal shall solely be that of the Trust/ Society/ Company/ Institution;
4. That there are no legal issues pending with both old and new Trust/ Society/ Company;
5. That there are no financial liabilities in the old Trust/ Society/ Company Name;
6. That the Land and Building are in the Name of the new Trust/ Society/ Company;
7. That liabilities, if any, arise out of change of Name of the Trust/ Society/ Company shall be solely that of new <Name of the Trust/ Society/ Company>; and
8. That the facts stated in this affidavit are true to my/ our knowledge. No part of the same is false and no material has been concealed there from.

Name of the authorized person executing the undertaking along with his/ her Official Position)

(SEAL)

DEPONENT(s)

#### VERIFICATION

I/ We, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my/ our knowledge. No part of the same is false and no 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(s)

Solemnly affirmed and signed before me by the deponent on this- day of - month, year ... at my office.

(Judicial First Class Magistrate/ Notary Public/ Oath Commissioner)

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