

## AFFIDAVIT-4

### **For the Progressive/Complete Closure of the Institution**

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 the Progressive/ Complete Closure of our Institution <Name and address of Institution> ,

Do here by solemnly affirm, state and declare as under:

1. That our Trust <Name of the Trust/ Society/ Company> vide resolution...Resolved for closing the Institution and has applied for Closure of <Name and address of Institution>
2. That liabilities, if any, arise out of Closure of <Name and address of Institution> shall be solely that of <Name of the Trust/ Society/ Company>;
3. That <Name of the Trust/ Society/ Company> undertakes that no further admission of students shall be made in the current and forthcoming years;
4. That <Name of the Trust/ Society/ Company> undertakes to provide all the facilities to the existing students till they pass out;
5. That have submitted all the additional documents/ information regarding resolution/ NOC's/ Certificates to Board of Technical Education,Lucknow, Uttar Pradesh in respect of our application (as applicable) and the same is true and complete;
6. 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; and

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

(SEAL) DEPONENT(s)

#### VERIFICATION

I/ We, the above named deponent(s) 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)