

Annexure-VI: Format of Affidavit for PwD Candidates

The following is to be printed/typed/photocopied and then duly filled on Rs. 50/- Non-Judicial Stamp paper and duly notarized.

AFFIDAVIT

(Only for PwD candidates)

I, _____ (Name of candidate) GATE

Registration No. _____

_____, S/D/O _____

_____ resident of _____ do hereby solemnly affirm and state as

follows:

1. That, I am Registering for the CCMN-2024 Counselling.
2. That, I know that after seat allotment, document verification will be done Online by the official of the Allotted Institute based on documents uploaded by me.
3. That, I know that physical examination is required to judge the percentage of disability, which is not being done during Online Document Verification.
4. That, my physical examination will be done by the Medical Board of the Allotted Institute at the time of reporting at the Finally Allotted Institute.
5. That, at the time of final reporting, if the Medical Board at the Allotted Institute finds that the percentage of my disability is below the required level, my seat will be cancelled and I will not have any claim on the seat allotted by CCMN.
6. That, if my seat is cancelled at the time of final reporting, the refund, if any, will be dealt as per Refund Rules given in Information Brochure of CCMN-2024.

Deponent

Verification

I above named Deponent do hereby verify on oath that the contents of this affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein and no part of it is false.

Deponent