(TO BE TYPED ON NON JUDICIAL STAMP PAPER OF RUPEES ONE HUNDRED & SUBMITTED TO OJEE AFTER DULY NOTORIZED)

AFFIDAVIT

I							age	d/o,	/s/o	
									do	
hereby	of solemn	ly affirm	and state	e and under	:					
I have s	ubmitted	the follo	owing ori	ginal docum	nents to 0	DJEE authority	for verification	and subm	itted	
the	сору	of	the	same	for	seeking	admission	to	the	
1.	Stater	Statement of Marks of SSC or its equivalent examination issued by								
2.	Passir	Passing certificate of SSC or its equivalent examination issued byBoard								
3.	Passir	Passing certificate of HSC or its equivalent examination issued byBoard.								
4.	Schoo	School Leaving certificate/ Transfer certificate								
5.	Domi	Domicile (Resident/Nativity) certificate issued by State Authorities.								
6.	Caste	Caste Certificate issued by State Authority:								
7.	Greer	n Card								
8.	EWS (Certifica	te							
9.	All NR	All NRI Documents (as applicable)								
10.	ID Pro	ID Proof: Aadhar/School ID/ or Any other								
I furthe	r solemnly	affirm a	and state	that:						
i.	I am v	I am very well aware that I have been given admission to the MBBS/BDS course inter-alia								
	on th	on the basis of the above said original documents submitted by me with respect to my								
	NEET-	NEET-UG Rank and my category/Sub-category.								
ii.	The d	The documents mentioned at above serial no (1) to (10) are the original documents and								
	their	their true copies are duly attested by me.								
iii.	I shall	I shall be held solely responsible for genuineness of original documents listed at serial no								
	(1) to	(1) to (10) which are submitted to the OJEE authority.								
iv.	In cas	In case of the said document is not found to be authentic or genuine I shall be liable for								
	appro	appropriate legal action and also for cancellation of my admission or withdrawal of my								
	degre	degree even if the degree is already confirmed.								
V.	In cas	In case my admission is cancelled because of fraudulent practices, I undertake to pay as								
	per th	ne norm	s.							
On this			day of	2020						

Identify by Deponent

(Signature of student)

(Name of student)

I have explained the above said Undertaking / Declaration and consequences thereof to my Son/Daughter/ Ward and also undertake the responsibility of payment of fees and such other fines. I also undertake the responsibility of good conduct of my Son / Daughter / Ward during MBBS entire course of studies at the allotted college/ Institute.

Date:

Place:

Signature of Parents / Guardian