

OFFICE OF THE CONTROLLER OF EXAMINATIONS

DECLARATION FROM THE STAFF

(Applicable if the ward / spouse pursuing UG/PG degree at VEC)

(With effect from the academic year 2024-2025)

Date :

Name of the Faculty :

Designation & Dept.:

Contact No. :

Email id :

Name of the Son / Daughter	
Department in which studying	
Register Number / Admission Number	
Year of admission	
Duration	4 years / 2 years

All the information furnished above by me, are verified and correct. I hereby declare that I will **NOT** be acting as examiner / evaluator **for any of the exam related activities till my ward complete their degree in VEC. I am aware of the fact that, my involvement in any of the exam related activities will disqualify the candidature of my son / daughter.**

Signature of Faculty
(Name)

HOD
(Signature & Seal)

Principal

FOR OFFICE USE ONLY

Received & Records are verified.

Verified by

COE