AFFIDAVIT-3

(For submitting the Security Deposit Upon establishment of New Technical Institution /New Programme / New Level)

I/we, <Name>, Chairperson/ Secretary, <Name of the Trust/ Society/ Company>, son/ daughter of, aged....., resident of, do hereby solemnly affirm and declare as under:

- 1. That I/we have applied for the establishment of Institution<Name and address of proposed Institution> vide application <application number> dated
- 3. That the interest accrued on the deposit shall be retained by AICTE and used for improving the quality of Technical Education;
- 4. That AICTE in its discretion shall extend the term of the deposit for a further period and/ or forfeit the amount for violation of norms, conditions and requirements prescribed by AICTE and/ or non- performance by the Institution and/ or Closure of the Institution due to withdrawal of AICTE approval or for any other reason. In an event of forfeiture, the proceeds of the fixed deposit shall be utilized for meeting the expenditure towards refunds to the students and others;
- 5. That all remaining requirements as mentioned under the Regulations and the Approval Process Handbook 2024-27, as applicable, by <Name and address of proposed Institution>shall be complied within one month from the date of issuance of the approval letter;
- 6. That the Land measuring Acre, on which <Name of the proposed Institution>is located was not mortgaged for any purpose to any Institution on the date of filing the application and that status is continuing till date and shall continue till the date of issuance of the letter of approval (Not applicable for New Programme / New Level);
- 7. 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, AICTE shall be free to take appropriate action, including withdrawal of its approval without consideration of any related issues and that all liabilities arise out of such withdrawal shall solely be that of the (Society/ Institution); 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 therefrom.

(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 therefrom.

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)

NOTE:

Institute shall download portal generated common affidavit as per application. The same should be printed on Non-Judicial Stamp Paper / E-Stamp Paper of ₹100/- and upload over portal after duly Sworn before a First Class Judicial Magistrate or Notary or an Oath Commissioner.