AFFIDAVIT FOR ISSUE OF ONE MORE DUPLICATE MIGRATION CERTIFICATE

Before The Registrar Dayalbagh Educational Institute Dayalbagh, Agra-282005.

Affidavit of Shri/Km./Smt		
S/o (D/o), Resident of		
3000		
I, the above named deponent, do hereby solemnly affirm an oath and state as under: 1. That the deponent passed/appeared/failed in (class)		
last course of study from this Institute in the session		
2.	That thereafter the deponent had applied for migration certificate and the same was issued to the deponent by this Institute, and again deponent had applied for duplicate migration certificate and the same was also issued to the deponent by this institute, however, the issued migration certificate have got lost and is not traceable.	
3.		
4.	. That the deponent requests for issue of duplicate Migration Certificate and the deponent undertakes that if the aforesaid lost Migration Certificate, are found afterwards, the deponent will return the same to the Institute.	
5.	. That the contents of para nos. 1 to 4 of this affidavit are true to my personal knowledge and no part of it is false and no material/fact has been concealed therein.	
Signed and verified at on this day of (month) (year)		
		(Signature of Deponent)
><><(The proformas given above & below may be used by copying or pasting on Rs.10/- stamp paper, which is to be notarised.)		
INDEMNITY BOND FOR ISSUE OF ONE MORE DUPLICATE MIGRATION CERTIFICATE		
Whereas on the request of Shri/Km./Smt.		
Roll No Enrolment No Class		
S/o (D/o) Shri, the Dayalbagh Educational Institute has supplied the one more duplicate Migration Certificate to the said Shri/Km./Smt, who has been required to furnish the indemnity bond.		
And whereas I		
Now, therefore, I hereby certify that in case the Institute suffers any loss or damage because of the said supply of the duplicate migration certificate then I shall indemnify the Institute to the extent of loss or damage which it may suffer because of the aforesaid supply.		
In witness thereof I hereby sign this indemnity bond.		
Signature of the Indemnifier Full Name		
FullAddress		
W	Witness no. 1 Witness n	0.2
	Signature Signature	
	FullName FullName	
	S/o (D/o) S/o (D/o)	
Fι	Full Address Full Addre	