



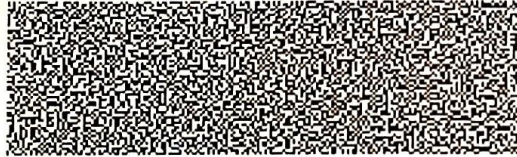
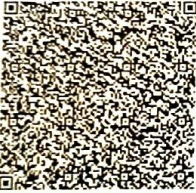
सत्यमेव जयते

INDIA NON JUDICIAL

Government of Karnataka

e-Stamp

| | |
|---------------------------|---|
| Certificate No. | : IN-KA35500913698779V |
| Certificate Issued Date | : 07-Nov-2023 01:19 PM |
| Account Reference | : NONACC (FI)/ kagcs108/ BIDAR14/ KA-BD |
| Unique Doc. Reference | : SUBIN-KAKAGCSL0840645239490746V |
| Purchased by | : GNYANA SUDHA COLLEGE OF NURSING BIDAR |
| Description of Document | : Article 4 Affidavit |
| Description | : AFFIDAVIT |
| Consideration Price (Rs.) | : 0 (Zero) |
| First Party | : GNYANA SUDHA COLLEGE OF NURSING BIDAR |
| Second Party | : REGISTRAR KARNATAKA STATE NURSING COUNCIL BANGALOR |
| Stamp Duty Paid By | : GNYANA SUDHA COLLEGE OF NURSING BIDAR |
| Stamp Duty Amount(Rs.) | : 50 (Fifty only) |



Please write or type below this line

AFFIDAVIT

I MR. CHANNVEER PATIL S/o SHIVASHARANAPPA. PATIL
 Residing at BIDAR
 And at present ADMINISTRATOR Trust/Society having its
 Administrative office at BIDAR do hereby solemnly affirm
 And state as under:

Statutory Alert:

1. The authenticity of the Stamp certificate should be verified at 'www.shcilestamp.com' or using e-Stamp Mobile App of Stock Holding Corporation of India.
2. The onus of checking the legitimacy is on the users of the certificate.
3. In case of any discrepancy please inform the Competent Authority

1. That I am Mr./Mrs./Ms. MR. CHANNVEER PATIL

Administrative office at BIDAR

2. That the GNYANA SUDHA COLLEGE OF NURSING for BS.C NURSING Programmes is managed by GNYANA SUDHA EDUCATION Trust/Society and I am Holding the office of BS.C NURSING in the society.

3. That the deponent being the ADMINISTRATOR of the Nursing School/College has submitted an application form dated 20/6/23 to Karnataka State Nursing Council, Gandhinagar, Bangalore. For approval for continuation of Nursing Programme being run as regular programme namely BS.C NURSING Course functioning in the GNYANA SUDHA COLLEGE OF NURSING institution.

4. That in the application for renewal submitted to the Karnataka State Nursing Council the deponent has declared That the Institute has all the facilities submitted in the application form dated 20 JUN 2023.

5. The deponent declares that the above stated information would be maintained at all times and that in case of any deviation from the above position the same would be immediately communicated to the KSNC. The deponent further declares that in the event. any of the above information is found to be incorrect or false or misleading at a later stage. Obtained either through a source information or surprise inspection by Karnataka State Nursing Council, then in that case the permission/approval accorded would be liable withdraw in terms of the provisions of Karnataka Nurse, Midwives & Health Visitors Act 1961.

6. That the deponent hereby declares that the above information is true and correct as per official records and the no information has been suppressed herewith.



Deponent

I the above named deponent do hereby verify that the facts mentioned in the affidavit are true and correct to the best of my Knowledge and belief and that I had not suppressed any material fact.

Verified on this _____ day of 15 NOV 2023 at BIDAR.

Deponent

Notary Attested, Signed and Sealed
this 15 NOV 2023 day of NOV 2023


SIKENPURE MARUTI
B.A LL B. (Spl)
ADVOCATE & NOTARY
KAPLAPUR (A) 585 403
Tn & Dist Bidar