**DOMICILE AFFIDAVIT**

**AFFIDAVIT**

I **(Name)** Son/Daughter/Wife of **(Father’s/Husband’s Name)**  Resident of **(Address)** do hereby solemnly affirm and declare as follows:

1. That I am citizen of **(Country)**.

2. That my permanent residence is **(Full Address)**.

3. That I am Continuous residing in **(Name of State)** state for the at least last **(time)** years.

4. That my Place & Date of Birth is **(place)** & **(Date of Birth)**.

5. That I have never obtained a domicile certificate from any other place.

6. That I am giving \_\_\_\_\_\_\_\_\_ documents as proof for applying Domicile in \_\_\_\_\_\_\_\_\_.

7. That I am obtaining Domicile Certificate for \_\_\_\_\_\_\_\_\_.

Deponent

**VERIFICATION**:

I, above named deponent do hereby and take oath that the contents of Para No. 1 to \_\_ of the **Name of documents** are true and correct with my knowledge and available record.

Date

Place

Deponent

**AFFIDAVIT**

I, [[Name]] Son/Daughter of [[Father’s Name]] Resident of [[Address]], do hereby solely affirm and declare as under:

1. That my son / daughter Mr./ Ms. (Name) is a student of [[Class]] in its [[Name of course]] Course / Programme.
2. That I have gone through and fully understood the \_\_\_\_\_\_\_\_\_ Regulations /Directive for \_\_\_\_\_\_\_\_\_ Measures in accordance with the \_\_\_\_\_\_\_\_\_ vide its \_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_, on curbing the menace of Ragging, to be followed by all the students of various Universities / Institutions.
3. I assure you that my [[son / daughter]] will not be involved or indulge in any act of ragging that may come under the definition of ragging.
4. I have fully understood that in case my [[son / daughter]] will be found indulging or involved in Ragging within or outside the premises of the University, he / she shall be appropriately punished for which he / she shall be solely responsible. I or my son / daughter shall not hold liable the University or any of its officials for any loss (s), damage (s) and shall not claim any compensation from the University or its office bearers.

DEPONENT

[[Deponent Email: Identity | Signature]]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*[[Name | Uppercase]]\*\*

[[Address]]

[[Contact]]

VERIFICATION

I, above named deponent do hereby and take oath that the contents of affidavit are true and correct with my knowledge and available record.

Date: [[Date]]

Place: [[Place]]

DEPONENT