AFFIDAVIT

I		• • • • • • • • • • • • • • • • • • • •			••••••	with	applicat	ation number		
ho	ereby (declare	that	the	admission	grant	ed to	me	to	the
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •				Prograi	mme f	or t	he	year
2023-24 is understood to be str	rictly pro	visional	for wa	nt of s	ubmission	of the d	locumer	nts re	quire	d by
the university.										
I realise by now that my provis document is found false or fabri								the s	ubmi	itted
I declare that I will not putfor programme if the above scenari	•			matte	er regardin	g my r	ights to	cont	tinue	the
Name & Signature of the applica	ant:									
Counter signature of the Admin	istrator:									
In the presence of witness : (Name & Signature)										
Date:										
Place:						Univer	sity Sea	ıl		