**UNDERTAKING**

I, …………………………………………………… , (Name and Designation) of ……………………………........................ ………………………………………(Institute Name with complete address), hereby declare that all sheets of Data Capture Format (DCF) have been filled correctly with appropriate information and nothing has been hided.

It is the sole responsibility of the undersigned on behalf of the Institute/Society/Trust, if any information is found incomplete or false in respect of given DCF.

Authorised Signatory

(Principal / Head of the Institute/ Secretary of the Society/ Trust)

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