AFFIDAVIT (Duly Attested by Notary Public/Oath Commissioner)

I,	S/O/D/0admitted in
Cour	se Branch
Roll	No Semester
Resid	dent of do hereby solemnly
affirr	m and declare as under:-
1.	That I am a student of above branch in the JC Bose University of Science & Technology Faridabad.
2.	That annual income of my all family members is Rsper annum.
3.	(a) That I will deposit the fee amount of soft loan i.e. providing to me of the Odd Semester 3 rd /5 th /7 th 2024 (please tick whichever is applicable) into YMCA MOB Bank Account within one year of completion of my course or within 03 months of getting the job.(whichever is earlier).
	Account name: YMCA MOB Alumni Association, HDFC BANK, Branch Address: 5-R/2 Badshah Khan Chowk, NIT Faridabad, IFSC- HDFC0000093, A/C NO. – 50200035091584
	OR
	(b) That I will deposit the fee amount of soft loan i.e. providing to me of the Odd Semester 3 rd /5 th /7 th 2024 (please tick whichever is applicable) into J.C. Bose University Bank Account within one year of completion of my course or within 03 months of getting the job (whichever is earlier).
	Account Name: Registrar J.C. Bose UST, YMCA, Faridabad, Indian Overseas Bank, Branch J.C. Bose UST Campus, Sector- 6 Faridabad IFSC Code. IOBA0001466, Account No. 146601000016122.
4.	That my Aadhar No. isContact Noand my Permanent Address is

- 5. That I will provide my updated Contact No. & Correspondence Address to the O/O Dean Student Welfare, J. C. Bose University of Science and Technology YMCA Faridabad (in case of change the same).
- 6. That I will provide the information by submitting my Offer Letter to the University and YMCA MOB when I will get the job.
- 7. That in case I am failed to deposit the fee amount of soft loan within one year of completing the course or within three months of getting the job, the University/ YMCA MOB Alumni Association will be at liberty to take any appropriate legal action against me.

DEPONENT

VERIFICATION:

It is verified that the above statement is knowledge and belief. Verified at on,	true and correct to the best of my
	DEPONENT
Signature of Parents:	
Name	
Contact No	
Aadhar No	
WITNESS: 1(Sig	gnature)
(Fellow course/ classmate)	
Name:	
Roll No	
Aadhar Card No	
Full Address:	
Contact No	