**Annexure-B**

**Specimen of the Affidavit to be submitted by the Authorized Signatory on stamp paper worth Rs. 100/-**

# AFFIDAVIT

**I** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the

(Name of Authorized Signatory) (Designation)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, located at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Institute/ Organization) (Complete Address)

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

hereby submit application for affiliation of above mentioned Institute with Trade Testing Board, Government of Punjab for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Programme/Courses.

**I solemnly affirm and declare that:**

1. I am an authorized signatory of the above mentioned Institute/Organization and the facts stated in this application and the documents attached herewith are true to the best of my knowledge and nothing is concealed.
2. The applicant institute is working under: (Plz tick any one)

 Government  Non-Government (NGO)

 Association of Person/Partnership  Sole Proprietor Registered under Companies/ Societies Act  Industry

1. The Institute will not enroll candidates in the program applied for, until and unless affiliation is accorded by Trade Testing Board, Punjab.
2. I am bound to maintain the standards required for the program(s). The management has agreed to abide by the Rules, Regulations, SOP & Instructions of Trade Testing Board, Govt. of Punjab, Lahore and I acknowledge that in case of any violation Trade Testing Board shall cancel the affiliation granted to the above mentioned Institute.

|  |
| --- |
| Thumb Impression  Of Authorized Signatory |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_