

AFFIDAVIT (For Private Institutes)

I _____ of the _____
(Name of owner / authorized signatory)
_____ located at _____
(Name of institution) (Complete address)

_____, hereby petition for registration of TEVTA/CBT&A and NAVTTC courses offered under the Rules & Regulations of the PSDA Government of the Punjab and Solemnly affirm and declare that my institute is ready for operation and PSDA inspection team can carry out the inspection for registration at any time. I further declare that:

- ☐ I'm a sole proprietor of the applicant institute
- ☐ Working under **Association of Person** / Partnership/Firm _____
- ☐ Registered as Company _____
- ☐ Registered as Society, NGO or similar organization _____
- ☐ Registered as Trust _____
- ☐ Any other, explain _____

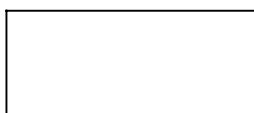
I promise to maintain the standard required for the courses/programs and to follow faithfully all laws, rules and regulations and the requirements of the Punjab Skills Development Authority governing the operations of authorized Technical & Vocational institutions and to inform the PSDA of any plan of action regarding closure or phasing out of the program or any changes in the prescribed requirements. I acknowledge that the violations of the laws, rules, regulations and the requirements of the PSDA shall be deemed sufficient cause of cancellation of the registration granted.

The institution will not conduct classes in the program applied for, until and unless this application is approved and the Registration Authority has issued the Registration Certificate.

The undersigned or its institute is not black listed by any Federal, Provincial, Local Government or any organization controlled by federal, provincial, local Government.

The documents enclosed/attached with the application certified, genuine and correct.

I declare & assure that the facts stated in the application form are true to the best of my knowledge and nothing is concealed. The management has agreed to abide by Policy, Procedure, Rules & Regulations of the PSDA, Government of the Punjab.



Thumb Impression of

Sole Proprietor /
Authorized Signatory

Signature: _____

Name: _____

CNIC No. _____

Date: _____