

# DECLARATION

I \_\_\_\_\_ D/o/S/o \_\_\_\_\_ do hereby

**solemnly affirm and declare that :**

Information in the application form No. \_\_\_\_\_ is correct and to the best of my knowledge and belief and nothing has been concealed by me.

I shall fully abide by the orders, rules and regulations of the institute. Ignorance will not be considered.

I shall not violate the rules of the institute by taking part in any kind of strikes or such other activities harmful to the administration/institute. If I do so, my name should be struck off from the college and shall not be allowed for refund of fees paid.

I admit that any charges/fees paid to the colleges will neither be refundable nor transferable, what so ever may be the reason.

In case, I leave the college before the completion of the course, I shall be liable for the payment of all dues of the college.

I shall pay the fees and all other dues in time as mentioned in the prospectus/notified from time to time.

I will attend regular classes, participate in college and self development activities.

All The disputes are subject to the jurisdiction of Muzaffarpur Court only.

**This is to certify that I father/Guardian shall be responsible for regular payment of fees, any other dues, good conduct & welfare of \_\_\_\_\_ (name of the student) during her/his studies in Saroj Nursing Institute, Muzaffarpur, Bihar.**

**Signature of Father/Guardian**

**Date :**

**Signature of the Candidate :**

Enclosure(s) :

- 1
- 2
- 3
- 4
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