

From

The Secretary,
Haryana State Board of Technical Education,
Bays No. 7-12, Sector- 4,
Panchkula

To

The Principals,
All the Aided/Private Technical Institutes.

Memo No: 3847 /HSBTE Dated: 22-12-15

Subject: Affidavit(s) to be submitted by the institutes seeking NOC for Complete closure / Progressive closure / Course closure.

Kindly refer to the subject noted above.

Please find enclosed herewith a copy of proforma affidavit(s) duly approved by the competent authority to be submitted by the applicant institutes seeking NOC for Complete closure / Progressive closure / Course closure.

Therefore, it is requested that the proposals for seeking NOC may be accompanied with the relevant affidavit(s).

DA/ As above

S. A. S.
Deputy Secretary
for Secretary Haryana State Board of
Technical Education, Haryana, Panchkula

Endst. No. 3848 /HSBTE

Dated: 22.12.2015

A copy of the above is forwarded to the Assistant Secretary (IT), HSBTE with the request to upload the proforma affidavits on the website of HSBTE.

DA/ As above

S. A. S.
Deputy Secretary
for Secretary Haryana State Board of
Technical Education, Haryana, Panchkula

Bohla
22/12/15

FORMAT A-1

AFFIDAVIT FOR COMPLETE CLOSURE OF INSTITUTE (LENDING INSTITUTE)

I, <Name>, President / Chairman, <Name and registered address of the Trust / Society>, son of _____, aged _____, resident of _____, in connection with our application submitted to AICTE for Complete Closure of Institute, namely, <Name of Institute> vide _____ (Application no.) dated _____, do hereby solemnly affirm and declare as under:

1. That the NOC for opening the applicant institute had been granted by the _____ (HSBTE / DTE / AICTE) and as such, the applicant institute is entitled to seek NOC for closure (Copy enclosed).
2. That the <Society / Trust> vide its executive meeting held on <Date of meeting> has resolved for complete closure of the institute from the session _____.
3. That the institute is further entitled for its closure as it qualifies the condition in as much as a period of 6 / 4 years i.e. double the duration of course has been completed by the applicant institute (Affiliation letter enclosed).
4. That the list mentioning the status of students (regular as well as re-appear students) registered / enrolled with the applicant institute has been enclosed with the application (Annexure).
5. That the institute has made necessary re-arrangement of re-appear and regular students of Diploma in <Name of Disciplines> with <Name of Borrowing Institute> to facilitate them to complete their respective diploma courses.

Consent letters / Affidavits from the concerned institutions and students have been enclosed with the application (Annexure).

6. That the institute will transfer all the examination data / admission data of all the students to be transferred to the borrowing institute and whose certification (DMCs/Diploma) is pending to <Name of Borrowing Institute>.
7. That the institute will transfer the fee / security of the transferred students to the borrowing institute.
8. That the applicant institute will not participate in admission process from the session _____.
9. That the institute does not owe any financial liability pertaining to faculty of the institute or affiliation fee/any other Government dues.
10. That the applicant institute is ready and willing to deposit necessary charges with HSBTE for issuing the intended closure notice in two National Dailies.
11. That no Court of competent jurisdiction throughout India has barred the applicant institute from closing its operations.
12. That there are no pending Court Cases and serious charges, violation of norms, pending ragging cases against the institute.
13. That if any, of the information is found to be false, incomplete, misleading and / or that the institute fails to disclose all the information and/or suppress any information and /or misrepresent the information, it shall be liable to be prosecuted by the HSBTE.

Name of the authorized person executing the undertaking alongwith his / her official position
with (Seal)

DEPONENT

VERIFICATION

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and nothing material has been concealed there from.

Place

Date

(Name, designation and Address of the executants)
(Seal)

DEPONENT

FORMAT A-2

AFFIDAVIT FOR COMPLETE CLOSURE (BORROWING INSTITUTE)

I, <Name>, President / Chairman, <Name and registered address of the Trust / Society>, son of _____, aged _____, resident of _____, do hereby solemnly affirm and declare as under:

1. That <Name of the institute> being run by <Name of the Trust / Society> is presently running diploma courses in <Names of diploma courses>.
2. That the institute has sufficient vacant seats to accommodate students of <Name of Lending Institute> within the seats prescribed by AICTE (Copy of status of sanctioned intake and vacant seats enclosed).
3. That the institute has received the fee / security collected from students to be transferred and no extra fee will be charged from these students.
4. That there is no financial liability with the institute pertaining to affiliation fee / any other Govt. dues.
5. That the institute will deal with examination and certification of all the students on rolls or reappear or students with pending certification.
6. That if any, of the information is found to be false, incomplete, misleading and / or that the institute fails to disclose all the information and/or suppress any information and /or misrepresent the information, it shall be liable to be prosecuted by the HSBTE.

Name of the authorized person executing the undertaking alongwith his / her official position
with (Seal)

DEPONENT

VERIFICATION

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and nothing material has been concealed there from.

Place

Date

(Name, designation and Address of the executants)
(Seal)

DEPONENT

FORMAT B-1

AFFIDAVIT FOR PROGRESSIVE CLOSURE OF INSTITUTE (LENDING INSTITUTE)

I, <Name>, President / Chairman, <Name and registered address of the Trust / Society>, son of _____, aged _____, resident of _____, in connection with our application submitted to AICTE for Progressive Closure of Institute, namely, <Name of Institute> vide _____ (Application no.) dated _____, do hereby solemnly affirm and declare as under:

1. That the <Society / Trust> vide its executive meeting held on <Date of meeting> has resolved for closure of <Name of course(s)> being run by the institute from the session _____.
2. That the institute shall be responsible to complete the regular study course of the students of session _____, _____ and _____ respectively according to AICTE & HSBTE Norms.
3. That the institute shall be responsible for reappear Exam and Exam Related work (DMC, Diploma) of Re-appear and regular students till the progressive closure of institute in the session _____.
4. That the institute has made necessary re-arrangement of re-appear students including conduct of examination & certification with <Name of the Borrowing institution> for <Name of diploma courses> run under <Name and registered address of the Trust / Society> from the session _____.
5. That the institute will transfer all the exam data/admission data of all the students of whom certification (DMCs/Diploma) is pending with <Name of the Borrowing institution>
6. That the applicant institute will not participate in admission process from the session _____.
7. That the applicant institute is ready and willing to deposit necessary charges with HSBTE for issuing the intended progressive closure notice in two National Dailies.
8. That the institute does not owe any financial liability pertaining to faculty or affiliation fee/any other Government dues.
9. That no Court of competent jurisdiction throughout India has barred the applicant institute from closing its operations.
10. That there are no pending Court Cases and serious charges, violation of norms, pending ragging cases against the institute.
11. That if any of the information is found to be false, incomplete, misleading and / or that the institute fails to disclose all the information and/or suppress any information and /or misrepresent the information, it shall be liable to be prosecuted by the HSBTE.

Name of the authorized person executing the undertaking alongwith his / her official position
with (Seal)

DEPONENT

VERIFICATION

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and nothing material has been concealed there from.

Place

Date

(Name, designation and Address of the executants)
(Seal)

DEPONENT

FORMAT B-2

AFFIDAVIT FOR PROGRESSIVE CLOSURE (BORROWING INSTITUTE)

I, <Name>, President / Chairman, <Name and registered address of the Trust / Society>, son of _____, aged _____, resident of _____, do hereby solemnly affirm and declare as under:

1. That <Name of the institute> being run by <Name of the Trust / Society> is presently running diploma courses in <Names of diploma courses>.
2. That the institute is dealing with trailing students of this institute in <Names of diploma courses>.
3. That the institute has received the fee / security collected from students to be transferred and no extra fee will be charged from these students.
4. That there is no financial liability with the institute pertaining to affiliation fee / any other Govt. dues.
5. That the institute will deal with examination and certification of all the reappear students and of the students with pending certification.
6. That if any of the information is found to be false, incomplete, misleading and / or that the institute fails to disclose all the information and/or suppress any information and /or misrepresent the information, it shall be liable to be prosecuted by the HSBTE.

Name of the authorized person executing the undertaking alongwith his / her official position
with (Seal)

DEPONENT

VERIFICATION

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Place

Date

(Name, designation and Address of the executants)
(Seal)

DEPONENT

FORMAT C

AFFIDAVIT FOR CLOSURE OF COURSE

I, <Name>, President / Chairman, <Name and registered address of the Trust / Society>, son of _____, aged _____, resident of _____, do hereby solemnly affirm and declare as under:

1. That <Name of the institute> being run by <Name of the Trust / Society> is presently running diploma courses in <Names of diploma courses>.
2. That the <Society / Trust> vide its executive meeting held on <Date of meeting> has resolved for closure of <Name of course(s)> being run by the institute from the session _____.
3. That the institute shall own whole liability related to regular / re-appear students admitted to the above said course including conduct of examination & certification.
4. That no admission will be made in the said course(s) from the session _____.
5. That the institute shall deposit charges to HSBTE for advertisement in two national dailies for issuing closure notice of <Name of the course(s)>.
6. That if any of the information is found to be false, incomplete, misleading and / or that the institute fails to disclose all the information and/or suppress any information and /or misrepresent the information, it shall be liable to be prosecuted by the HSBTE.

Name of the authorized person executing the undertaking alongwith his / her official position
with (Seal)

DEPONENT

VERIFICATION

I, the above named deponent do hereby verify that the facts stated in the above affidavit are true to my knowledge. No part of the same is false and nothing material has been concealed there from.

Place

Date

(Name, designation and Address of the executants)
(Seal)

DEPONENT