

Affidavit by The Student

[On Rs. 10/- stamp paper for short Attendance]

In accordance with the rules & regulations of attendance, I _____ Son/Daughter
of _____, Enroll. No. _____, College Roll no. _____,
Course _____ R/o _____

have been admitted to Aryabhata College, University of Delhi, Plot No 5, Benito Juarez Marg, South Campus, Anand Niketan, Delhi 110021, clearly understand that I am required to have a minimum attendance criterion of 90% in aggregate of all the subject/courses taken together in each semester of the next academic year. I also understand that under no circumstances I shall be allowed to appear at the Next Term Exam of each semester if my aggregate attendance is less than 90% which is required for getting attendance of 66.67% as per university ordinances.

Verified

Verified that the content of this affidavit are true to the best of my Knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified on _____ day _____ month _____ year.

Signature of Deponent

Affidavit by The Parent

[On Rs. 10/- stamp paper for short Attendance]

I _____ F/o _____ R/o _____

_____ clearly understand the attendance rules and regulations of Aryabhata College (University of Delhi) and my ward _____, who has been admitted to course _____ Shift _____ of Aryabhata College, University of Delhi, Plot No 5, Benito Juarez Marg, South Campus, Anand Niketan, Delhi 110021 will maintain minimum attendance criteria of 90% in aggregate of all the subject/courses taken together in each semester of the next academic year. I also understand that under no circumstances he/she will be allowed to appear at the Next Term Exam of each semester if his/her aggregate attendance is less than 90% which is required for getting attendance of 66.67% as per university ordinances.

Verified

Verified that the content of this affidavit are true to the best of my Knowledge and no part of the affidavit is false and nothing has been concealed or misstated therein.

Verified on _____ day _____ month _____ year.

Signature of Deponent

Name:

Mobile No.:

E-mail Id.: