FORMAT OF AFFIDAVIT BY PARENT/GUARDIAN FOR
CERTIFICATE OF NO LIABILITY
(This format shall be notarized on a stamp of Rs. 100/-)

I, Mr./Ms……father/mother of Mr./Ms…….. a provisionally selected candidate for program**Five Year Integrated Master in Physical Education and Sports** for the session 2026-2027, hereby declare that I shall not be entitled to claim any compensation or relief from the University for sustaining any injury or any other health complications during the theory and physical activities of the program**Five Year Integrated Master in Physical Education and Sports** for my son/daughter.

Declared this.....day of.....month of..... year.

.....
Signature of deponent
Name:
Address:
Telephone/Mobile No.

VERIFICATION

Verified that the contents 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 at..... on this the.....(day), of.....(month),.....(year)

.....
Signature of deponent

Solemnly affirmed and signed in my presence on this the..... (day), of .....(month), ... (year) after reading the contents of this affidavit.

MAGISTRATE / NOTARY