## ANNEXURE -X

## **AFFIDAVIT**

## (BY THE PARENTS OF THE BACKWARD CLASS CATEGORY CANDIDATES)

<u> </u>	Father/Mother of	Resident of
	Tehsil	District
	seeking admission to Diploma	a coursess in Haryana do hereby
solemnly affirm and declare that	I belong to	Caste, which is included in the list
		d by Haryana Govt. vide letter No.
·		06.01.2014 for excluding socially
advanced persons / sections (Crea		•
davancea persons y sections (erec	any Layer, nom Backward classe	
further undertake that in case the	information contained in the abo	ove para is found false at any stage,
the Competent Authority will be enti		, <b>.</b>
Dated:		DEPONENT
Place:		
VERIFICATION		
Verified that the above statement is to	rue and correct to the best of my	knowledge and belief and nothing has
been concealed therein.		
Dated:		DEPONENT
Place:		
	ANNEXURE -XI	
MEDICAL CERTIFICA	ATE FROM PHYSICALLY HANDICA	PPED CANDIDATES
OFF	ICE OF THE CHIEF MEDICAL OFFI	CER
No		<del></del>
Certified that Shri/Km./Smt./	resident of	
		District d for medical check up. On his/ her
		bility is% and is as
under:	at the nature of nandicapyuisa	bility is
Thus the candidate is physically hand	dicapped as per standard norms of	of Haryana.
(Signature of the Applicant)		
	Chief Medica	al Officer
Dated:		
Place:	(Seal of the above	
The handicap disability shou	(Sear of the above ld not be less than 40% and shou	• •
- The handicap disability shou	in the ne less than 40/0 alla shou	ila not interiere with the

requirement of professional Diploma Courses.