**MARRIAGE DECLARATION AFFIDAVIT FORMAT**

**MARRIAGE DECLARATION/AFFIDAVIT**

We, **(Name)** Son of **(Father’s Name)**  Resident of **(Address)** and **(Name)** Daughter of **(Father’s Name)** Resident of **(Address)**, do hereby solemnly affirm and declare as under:-

1- That we are at present unmarried.

2- That we have completed the required age for entering into marriage.

3- That we are not related to each other within the decree of prohibited relations.

4- That we are aware that if any statement in this declaration is false and if in making such statement we either know or believe it to be false or do not believe it to the true, we are liable to imprisonment and also to time.

Deponent

**VERIFICATION**:

I, above named deponent do hereby and take oath that the contents of Para No. 1 to \_\_ of the **Name of documents** are true and correct with my knowledge and available record.

Date

Place

Deponent

**AFFIDAVIT**

I, [[Name]] Son/Daughter of [[Father’s Name]] Resident of [[Address]], do hereby solely affirm and declare as under:

1. That my son / daughter Mr./ Ms. (Name) is a student of [[Class]] in its [[Name of course]] Course / Programme.
2. That I have gone through and fully understood the \_\_\_\_\_\_\_\_\_ Regulations /Directive for \_\_\_\_\_\_\_\_\_ Measures in accordance with the \_\_\_\_\_\_\_\_\_ vide its \_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_, on curbing the menace of Ragging, to be followed by all the students of various Universities / Institutions.
3. I assure you that my [[son / daughter]] will not be involved or indulge in any act of ragging that may come under the definition of ragging.
4. I have fully understood that in case my [[son / daughter]] will be found indulging or involved in Ragging within or outside the premises of the University, he / she shall be appropriately punished for which he / she shall be solely responsible. I or my son / daughter shall not hold liable the University or any of its officials for any loss (s), damage (s) and shall not claim any compensation from the University or its office bearers.

DEPONENT

[[Deponent Email: Identity | Signature]]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*[[Name | Uppercase]]\*\*

[[Address]]

[[Contact]]

VERIFICATION

I, above named deponent do hereby and take oath that the contents of affidavit are true and correct with my knowledge and available record.

Date: [[Date]]

Place: [[Place]]

DEPONENT