

**TO BE SUBMITTED ON A STAMP PAPER OF RS. 10/- BY THE STUDENTS IN CASE OF
ANY GAP**

Format of GAP Affidavit

I, _____ S/D/o
_____ (mother/ father/ guardian's name)
residing at _____ do

hereby solemnly declare and affirm as under:-

1. That I am willing to take admission in _____ (Program Name) in
Shri Ramswaroop Memorial University.
2. That I am a resident of the above-mentioned address.
3. That I have successfully passed _____ (name of the degree/ qualification passed)
in _____ (year of passing) from _____ (name of
college/ university/ institution).
4. That I have not joined/ attended any other school/ college/ university/ institution since passing out due to
_____ (reason for gap).
5. That the duration of the gap period is from _____ to _____.
6. That, in the course of this gap period, I was neither involved nor assisted any activity barred under the law.
7. That there is no criminal case pending against me in any court of law.

Signature of Deponent

Verification:

The above-mentioned statements are true and accurate to the best of my knowledge. Further, no material information has been concealed. If at any time in the future, the stated facts are found not to be true, then I take full responsibility for the cancellation of my admission.

Place:

Date:

Signature of Deponent