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INDIA NON JUDICIAL

Government of Karnataka



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: SUBIN-KAKACRSFL0846304239337952R

: SECRETARY S V V S R SHIKARIPURA

: Article 4 Affidavit

: AFFIDAVIT

(Zero)

: SECRETARY S V V S R SHIKARIPURA

: NCTEDELHI

: SECRETARY S V V S R SHIKARIPURA

(One Hundred only)





Please write or type below this line

AFFIDAVIT

I, B. Y Raghavendra son of B. S Yediyurappa and Secretary of the Swamy Vivekananda Vidya Samsthe (R), Shikaripura (Trust) aged about 46 years, resident of Malera Keri, Shikaripura, Shivamogga District, am the authorized signatory of the application made to the Regional Committee of the National Council for Teacher Education at Bangalore seeking grant of recognition / permission for conducting a course in Teacher Education titled Kumadvathi College of Education, Shivamogga Road, Shikaripura with intake of 50 (Fifty).

2.That the Kumadvathi College of Edcuation, Shivamogga Road, Shikaripura College is in possession of land as per the following description: -

2.1 Total Area (in sqr. Mts.)

2.2 Address

Swamy Vivekananda Vidya Samsthe (R)

Shivamogga Road, Viveka Nagar

Shikaripura - 577427 Shivamogga District

Plot No

Khasra No:

47

Village/Town/City:

Timlapura

District State

Shimvamogga Karnataka

Area in Square Meters: Bounded by North

18,615.53

South East

Bhadrapura Road Survey No. 46 Survey No. 47

West

Survey No. 47

Registered Sub Registered in the Taluk office of: Shikaripura on 30-01-2001

3. That the land is on ownership basis for a minimum period of NIL9ears.

4. That the land is free from all encumbrances.

5. That the land is exclusively meant for running the education institution (land use) and the permission of the Competent Authority to this effect has been obtained vide letter No. ALN.CR.17.96-97 dated 29-01-1997 of the communication.

6.That the said premises shall not be used for running any educational activity/institution, other than the teacher education programme for which recognition is being sought.

7. That the copy of the affidavit shall be displayed on the website of the Institution for general public.

8.I do hereby swear that my declaration under Para's(1) to (6) are true and correct and that it conceals nothing and that no part of this is false. In case the contents of affidavit are found to be incorrect or false, I shall be liable for action under the relevant provision of the Indian Penal Code and other relevant laws.

Signature:

Name of the Applicant: B.Y Address:Secretary

Swamy Wivekananga Vidya Samsthe (1)

Shivamogga Road, Viveka Nagar

Shikaripura - 577427

Tel

08187 - 224130

E-mail address kumadvathibed@gmail.com dress : www.kumadyathibed.in Website address

SHIKARIPURA, SHIMOGA DIST

Place: Shikaripura