



**DIRECTORATE OF DISTANCE EDUCATION  
INTEGRAL UNIVERSITY, LUCKNOW**

Format on the Affidavit (Of Rs. 10/- judicial stamp paper)

(Following affidavit is to be enclosed with the application Form duly notarified)

**AFFIDAVIT**

I, \_\_\_\_\_ son / daughter of \_\_\_\_\_

Aged \_\_\_\_\_ residing at \_\_\_\_\_

solemnly affirm and state as follows:

1. I declare that I have lost the original testimonial as detailed below:

| Roll No. | Course               | Particulars of the Original Testimonial Lost |                      |        |                      |        |                      |
|----------|----------------------|--|----------------------|--------|----------------------|--------|----------------------|
|          |                      | Sem. 1                                       | <input type="text"/> | Sem. 2 | <input type="text"/> | Sem. 3 | <input type="text"/> |
|          |                      | Sem. 4                                       | <input type="text"/> | Sem. 5 | <input type="text"/> | Sem. 6 | <input type="text"/> |
|          |                      | Year 1                                       | <input type="text"/> | Year 2 | <input type="text"/> | Year 3 | <input type="text"/> |
|          | For Semester Pattern |  |                      |        |                      |        |                      |
|          | For Yearly Pattern   |  |                      |        |                      |        |                      |

2. I declare that in spite of diligent search I am unable to trace the originals of that aforesaid document and hence they are lost. If traced I will produce them before the University.

3. I declare that I have not misused the same and I shall not misuse the same if recovered.

4. It is therefore necessary that on the strength of this affidavit certified duplicates are issued to me by the university.

5. The information and declaration is true to my knowledge and consciousness.

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Witness

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

 Signature of Deponent