The Ma	naging Director
NWAC	Regional Office
309-31	O III floor R G Trade Tower Netaji Subhash Place
Pitamp	ura, New Delhi 110034
	AFFIDAVIT
Ι	Date of Birth   Son/Daughter of   (Student Name)   (Father's Name)   (Address of the student)
R/O	
riesen	Ily residing at
do her	eby solemnly affirm and declare as under: -
1.	That I have passed Grade which is held in (Mention your class)
	(Mention your class) (Mention examination month & year)
	(School Name)
	formerly Northwest Association of Schools and Colleges, USA) with the Roll No. (Mention your roll #)
	and want to correct my D.O.B. from ""to "" in my transcript.
2)	That this affidavit is required to be produced before the concerned authorities of my education institution for getting my correct transcript duly amended with my Date of Birth as mentioned above.
VERIFIC	DEPONENT CATION:
	Verified at on this day of, 2017 that the contents (Place where this affidavit has been signed) (Mention month)

of my above affidavit are true and correct to the best of my own knowledge and belief and that no part of it is

false and nothing material has been concealed there from.

To,

**DEPONENT**