To,

The Managing Director

NWAC, Regional Office

309-310 III floor R G Trade Tower Netaji Subhash Place

Pitampura, New Delhi 110034

AFFIDAVIT

	C	ate of Birth		Son/Daughter of	
(Student Name)		(DD/MM/YEAR)			(Father's Name)
R/O					
			(Address of	the student)	
Presen	tly residing at				
	(Specify state's nar	ne where this affidavit is	attested by the Oa	th Commissioner if the residentia	al address of the student is other than the present state)
do her	eby solemnly affirm and	declare as unde	r: -		
1.	That I have passed Grade		whi	which is held in	
	(Mention your class)		lass)	(Mention examination month & year)	
	from	(accredited by Northwest Accreditation Commission,			
	(School Name)				
	formerly Northwest Association of Schools and Colleges, USA) with the Roll No				
					(Mention your roll #)
	and want to correct my	name from "		" to "	" in all document

2 That this affidavit is required to be produced before the concerned authorities of education institution for making necessary amendments in my educational certificates as desired above.

DEPONENT

VERIFICATION:

Verified at _______ (Place where this affidavit has been signed) on this ______ day of ______, 2017 that the (Mention month) contents 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

DEPONENT