To,

The Managing Director

NWAC, Regional Office

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

Pitampura, New Delhi 110034

AFFIDAVIT

I		Date of Birth		Son/Daughter of		
	(Student Name)		(DD/MM/YEAR)		(Father's Name)	
R/O						
			(Address of tl	ne student)		
Presen	tly residing at					
	(Spec	ify state's name where this affidavit	is attested by the Oa	ath Commissioner if the residential addr	ress of the student is other than the present state	
do her	eby solemnly affi	rm and declare as unde	r: -			
1.	That I have passe	ed Grade	whic	n is held in		
Presen	(Mention your class)			(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 cha	ange my subject from "		" to "	" in m	
	transcript.					

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

DEPONENT

VERIFICATION:

Verified at ______, 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.

DEPONENT