**Input Fields:**

|  |  |
| --- | --- |
| **#** | **Particular to be inserted** |
| 1 | Name of the Deponent ( Person making Affidavit) |
| 2 | Name of the Father of the Deponent |
| 3 | Age of the Deponent |
| 4 | Address of the Deponent  |
| 5 | Oath to be taken/ Declaration to be made (Big Text Box) |
| 6 | Date of signing Affidavit |
| 8 | Place of signing Affidavit |

 **Affidavit**

I .......................1........................., son of ................2.................... aged ...............3.............. years, residing at

......................................4......................................................., hereby solemnly affirm and declare on oath as under:

………...............................................5............................................................................................................................”

………...............................................5............................................................................................................................”

………...............................................5...........................................................................................................................”

Sworn on this…............6........... day of……...........6...............

 (Deponent)

**VERIFICATION**

I, …………1……….. do solemnly declare that the contents of this affidavit are true and no fact is concealed therein.

 (Deponent)

Place: ………7…………