

DECLARATION FORM-1 [BY THE STUDENT]
[To be submitted at the time of document verification]

Date: _____

I, _____ Son/Daughter of Sri/Smt. _____, Registration No. _____, do hereby solemnly affirm that:

1. I will abide by the rules and regulations of the Institute. I will also abide by modifications made in the rules and regulations from time to time by the Institute.
2. I will not join any coercive agitation for the purpose of forcing the hands of the authority to solve any problem.
3. I will not participate in any activity which has a tendency to disturb the peace and the orderly life of the Campus.
4. I will co-operate with the Institute authorities in maintaining discipline, academic standards and good order in the Campus.
5. I am fully aware that the campus accommodation [in hostels or elsewhere on campus] will be provided to me strictly for the duration of my academic programme only.
6. I will not misuse the CIFE official email and don't indulge in any activities that damage the reputation of CIFE. I will not post any adverse comments on CIFE in the social media.
7. I agree to subscribe to any insurance scheme in force in the Institute from time to time.
8. I will participate in outdoor sports, only in the designated playgrounds.

Full Name and Permanent Address	Address for correspondence
	[To be provided if different from permanent address]

Signature of the Student

Name in Hindi.....

Name in English [in CAPITAL Letters]

[As mentioned in Qualifying Certificate]

DECLARATION FORM - 2 [BY THE PARENT/GUARDIAN]

[To be submitted at the time of document verification]

Ido hereby endorse the undertaking given by my son/daughter/ward and I will advise him/her to observe the undertaking given in Declaration Form-1 as above. I also certify that the contact phone numbers and email IDs provided below are true to the best of my knowledge.

Sl. No.	Particulars	To be filled by the Parent/Guardian
A	Name of the Student	
B	Mother's Full Name [including maiden name]	
C	Mobile / Contact Phone Number	
D	Mother's Email ID [if available]	
E	Father's Name	
F	Mobile / Contact Phone Number	
G	Father's Email ID	
H	Postal Address [along with 2-Letter State Abbreviation and PIN Code]	
I	Details of Local Guardian [If available] [Name, Address & Contact details to be mentioned]	

Place:

Date:

[Signature of the Mother]

[Signature of Father/Guardian]

.....
Name [in Block Letters along with the Maiden Name]

.....
Name [in Block Letters]

DECLARATION FORM - 3 [FOR MEDICAL INSURANCE]

[To be submitted at the time of document verification]

Sl. No.	Particulars	To be filled by the Student/Parent/Guardian
1	Name of the Student	
2	PG Discipline Allocated	
3	a. Father's Full Name b. Father's email ID	a. b.
4	a. Mother's Full Name[along with maiden name]	a.
5	Student's Emergency Contact Number	
6	Student's Blood Group	
7	Postal Address	
8	Email ID	
9	Adverse Medical History Details [if any]	

[Signature of the Student]

[Signature of any one of the Parents/Guardian]

Student's Name [in Block Letters]

Name [in Block Letters]