

AFFIDAVIT

I,, aged about years, son/daughter of, a permanent resident of do here by solemnly affirm and state as follows:-

- (1) That, I am the deponent of this affidavit.
- (2) That, I have passed (mention Course) qualification with/ without specialisation from (Institute name)....., which was Recognised by Govt. of (state) and Affiliated with (University) under State.....
- (3) That, I do here by undertake that, I have not registered in any other Similar State Councils in India.
- (4) That, this affidavit is required to be produced before the concerned Authority of D.M.E.T, Odisha, Bhubaneswar for Registration under Odisha State Council of Occupational Therapy & Physiotherapy.
- (5) That, the facts stated above are true to the best of my knowledge and in case any information found to be false or fabricated, my Registration no from OSCOTP (if any) will be cancelled and legal action as deemed proper will be taken against me.

Identified by me

//Sworn before me //

Advocate

Executive Magistrate- First Class

Deponent