FORM – 1A

AFFIDAVIT

l,	S/o D/o	aged
Student's Name		Father's Name
years, Resident of		
	Residential Addr	
		do hereby solemnly
affirm and status follows:		
That I have passed	Degree from	
	in the year of	College Name with Hall Ticket No.
That the Original certificate(s). I am unable to track the		
I am in need of a duplicate	certificate(s) for which purpose I am hereby	
making this declaration as required l	by the concerned authorities.	
I solemnly that, in case my original c JNTUH authorities for cancellation	ertificates(s) is / are traced out in	future, I shall submit the same to
The facts stated above are to	rue and correct to the best of my I	knowledge and belief.
Solemnly affirm and signed before m	e.	
		DEPONENT