

To,
The Director
Council of Computer Education & Skill Development
(A Venture of CCE Skill Development),India.

AFFIDAVIT

I (*Student Name*) with Date of Birth..... S/O. (*Father Name*) R/O..... (*Address of the student*), (PRESENTLY AT (*Specify state name where this affidavit is attested by oath commissioner if the residential address of student is not present in that state*)) DO HEREBY SOLEMNLY AFFIRM AND DECLARE AS UNDER:

1. That I had applied for and attended _(name of the course)_ Course during Period of DD-MM-YY to DD-MM-YY in (**CENTRE NAME COMPLETE ADDRESS OF THE CENTRE**) .
2. That during above period of my course, I had attended all classes, practical conducted by the above Centre and I learned all contents of the said course.
3. I say that my above statement is correct and now after Complete/passing the above mentioned course I wish to obtain Certificate cum Mark sheet from **Council of Computer Education & Skill Development.**

DEPONENT

VERIFICATION:

Verified at ----- (place where this affidavit has been signed) on this ____ day of ____ (Mention month), Year that the contents of my above affidavit are true and correct to the best of my own knowledge and belief and no part of it is false and nothing material has been concealed there from.

DEPONENT