



मध्य प्रदेश MADHYA PRADESH

AFFIDAVIT

S. No... 2063/2016
Date 26.11.2016

AK 195477

I, **Dr. Sunil K. Somani** S/o **Shri Kishan lal Somani** of the **Medi-Caps University, Indore** aged about **48** years, resident of **1568 Sector-D, Sudama Nagar, Indore**, am the authorized signatory of the application made to the Regional Committee of the National Council for Teacher Education at Bhopal seeking grant of recognition / permission for conducting a course in Teacher Education titled **Bachelor of Education & Master of Education [B.Ed. M.Ed.] - 3 year Integrated** with intake of 50 students.

2. That the **Medi-Caps Charitable Trust, Indore**, possession of land as per the following description: -

- 2.1 Total Area (in sqr. Mts.) : 42062 Sqr. Mts.
2.2 Address : A B Road
Plot No : NA
Khasra No : 40
Village/Town/City : **Pigdamber/Rau**
District: **Indore**
State: **Madhya Pradesh**
Built up Area in Square Meters: 12200.32 Sqr. Mts.

Bounded by

- North : **Alpa Laboratories,**
South : **Panda Road**
East : **Hotel Mashal,**
West : **Aagra Bombay National Highway No. 3**

Registered in the office of: **Medi-Caps University, A.B. Road, Rau, Indore, Madhya Pradesh**

3. That the land is on ownership basis.
4. That the land is free from all encumbrances.

NOTARY
MOHAN LINGH RAJU VANSHI
No. MP. 17/04/2013 (B. (II) 2013)
MHOW Dist. INDORE (M.P.)

26.11.2016

23 MAY 2016

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9/5 2016

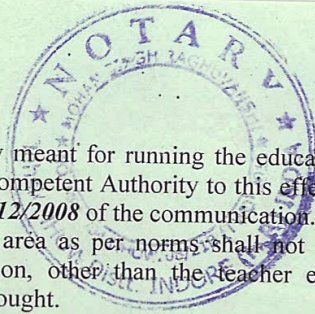
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5. That the land is exclusively meant for running the education institution (land use) and the permission of the Competent Authority to this effect has been obtained vide letter No.1680/08 dated 06/12/2008 of the communication.
6. That the required built up area as per norms shall not be used for running any educational activity/institution, other than the teacher education programme for which recognition is being sought.
7. That the copy of the affidavit shall be displayed on the website of the Institution for general public.
8. I do hereby swear that my declaration under Para's (1) to (6) is true and correct and that it conceals nothing and that no part of this is false. In case the contents of affidavit are found to be incorrect or false, I shall be liable for action under the relevant provision of the Indian Penal Code and other relevant laws.

Sunil

Dr. Sunil K. Somani,
 Vice-Chancellor,
 Medi-Caps University
 Tel : 0731-4259545
 Email: vc@medicaps.ac.in
 Website: www.medicaps.ac.in
Vice-Chancellor
 Medi-Caps University
 A.B. Road, Pigdambar, Rau, Indore



Place: Indore
 Date: May 26, 2016

26 MAY 2016

Sworn before me on the.....
 by DR: *SUNIL K. SOMANI* or *SHRI KISHAN LAL SOMANI*
 Who has been identified by..... *1567 se-D sudama*
 Who is personally known to me
 Whose signature (✓) is/are here
 to appended, *Indore (M.P.)*

Bounded by
 North
 South
 East
 West

M

NOTARY
 MOHAN SINGH RAGHUVANSHI
 No. MP 17/04/MHOW/08/21 B (II) 2013
 MHOW Dist. INDORE (M.P.)

26 MAY 2016