**UNDERTAKING**

*(To be submitted on a non-judicial stamp paper of Rs. 100/-*

*duly signed by the Chairperson / Trustee of the Trust)*

I, Mr./Mrs./Dr./ ............................ the Chairperson of the .......................... college (with address), run by .................................. Trust / Society (with address) hereby declare that all the norms and requirements of the State / University / UGC / AICTE / DGS / COA are fulfilled for the grant of provisional affiliation for the academic year 2021-22.

I affirm that all the facilities established and faculty strength will be maintained as per norms. The details provided in the Application / Compliance Report for the grant of provisional affiliation for the courses to be conducted in the college for the academic year 2021-22 are true to the best of my knowledge.

I am aware of the fact that the University may conduct surprise inspection to verify the fulfillment of requirements as per the norms and standards of Anna University for the continuation of affiliation, in case of any complaints or grievances. I am aware of the fact that the University reserves the right to review the affiliated course(s) / programme(s) whenever the University considers necessary and withdraw the affiliation, if the facilities are found to be inadequate or for non-compliance of the norms.

I affirm that ....................... (name of the registered Trust/Society) has adequate recurring income from its own resources for its continued and efficient functioning to maintain the academic and administrative standards and interests of the University. Further, I affirm that no admission will be without the necessary approval/affiliation from the appropriate statutory bodies such as AICTE, COA, DGS and University. I am aware that any deviation could lead to appropriate penal action.

 This Affidavit is submitted to The Registrar, Anna University, Chennai for seeking grant of provisional affiliation for the academic year 2021-22.

Station :

Date : (Signature)

 NAME AND SEAL

 OF THE CHAIRPERSON

Witness :

1. Principal

Signature :

Name :

Address :

2. Trustee / HOD / Manager

Signature :

Name :

Address :