



KERALA UNIVERSITY OF HEALTH SCIENCES

THRISSUR – 680 596

PHONE: 0487 – 2207650, 2207664 & 2207642

AFFIDAVIT

I,..... (Name), aged(Years), D/o or S/o..... residing at(Permanent Address) solemnly affirm and swear as follows:

1. That I am/was a student of(Name of Course) at(Name of College) during the academic year.....(Period of Study), affiliated to Kerala University of Health Sciences,Thrissur.
2. That I have appeared for the(Name, Month & Year of examination of which Mark List/Degree certificate lost or damaged) with Register No.....and obtained the Mark lists/ Degree of the aforesaid examination (If known, mention the folio no.) from the Kerala University of Health Sciences,Thrissur.
3. That the original of the above Mark List/Degree has/have been irrecoverably lost/damaged (Specify the reason for loss or damage)
4. That I have made all efforts to trace out the same, but ended in vain. And, I have published the matter on loss of the above marklists/certificate in the (Name of Daily) on(Date of Publication)
5. That this affidavit is issued only after 15 days from the date of newspaper notification.
6. That I have not misused the said Mark list/Degree for any purpose and will not spoil the same and nobody will be allowed to do so.
7. That the original of the(Name of examination of which Mark List/Degree certificate lost or damaged) with Register No.....would be surrendered to the University if it is recovered hereafter.
8. This affidavit is furnished before the Controller of Examinations, Kerala University of Health Sciences,Thrissur for obtaining duplicate Mark list/Degree..... (Name of Examination) with Register No.....

All those facts stated above are true and correct to the best of my knowledge and self belief.

Dated this theday of.....(Month & Year)

Deponent:(Name of the candidate with signature)

