

## **GAP CERTIFICATE AFFIDAVIT**

I, \_\_\_\_\_ (Name of the Student), S/o or D/o Sri / Smt \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Father/Mother/Guardian's  
Name) residing at \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Residential Address) do hereby solemnly declare  
and affirm as under: -

1. That I am a resident of the above-mentioned address.
2. That I have successfully passed \_\_\_\_\_ (Name of the degree/qualification passed) in \_\_\_\_  
\_\_\_\_\_ (month and year of passing) from \_\_\_\_\_ (name of  
college/ university/institution attended).
3. That I, to state further, have not joined/attended any other school/ college/ university/ institution since  
passing out due to \_\_\_\_\_  
(reason for gap).

(OR)

That I was working as an employee of \_\_\_\_\_ (company name)  
under the designation of \_\_\_\_\_ (position/designation in the company) from  
\_\_\_\_\_ to \_\_\_\_\_.

4. That the duration of the gap period is from \_\_\_\_\_ to \_\_\_\_\_.
5. That, in the course of this gap period, I was neither involved nor assisted any activity barred under  
the law.
6. That there is no criminal case pending against me in any court of law.

**Signature of Deponent (Student)**

**Verification:**

The above-mentioned statements are true and accurate to the best of my knowledge. Further, no material information has been concealed. If at any time in the future, the stated facts are found not to be true, then I will take full responsibility for the cancellation of my admission.

**Station:**

**Date:**

**Signature of Deponent (Student)**