

AFFIDAVIT

(To be filled ONLY by students admitted under Sikh Minority Category)

I _____ S/o, D/o _____
resident of _____

_____, do
herebysolemnly affirm and state as under:

- 1) That I am a Sikh and belong to the Sikh Community;
- 2) That I practice the Sikh faith;
- 3) That I maintain the Sikh appearance and do not cut or trim my hair, including hair on my eyebrows;
- 4) That I have the word Singh/Kaur affixed to my name;
- 5) That I have faith only in the Ten Sikh Gurus and Sri Guru Granth Sahib;
- 6) That I do not owe allegiance to any other sect or religion;
- 7) I am aware of the admission norms as notified from time to time by University of Delhi and I have read all the conditions and I am seeking admission in 2026 First Year of _____ (Course name) and have secured _____ CUET score (as per the admission criterion by University of Delhi)
- 8) That I shall study Punjabi language in the course where I am admitted;
- 9) That I am seeking admission in Sri Guru Gobind Singh College of Commerce, University of Delhi at my own risk and my admission is subject to confirmation and approval by the University of Delhi.
- 10) That I have gone through the contents of directions issued by University of Delhi vide letter No. Spl.Cell/Registration/16303/2012-13 dated 24.5.2012 and fully aware and understand the extent of consequences that only I shall be responsible for that consequence, whatsoever it may be and the college and its management will in no way be responsible for anything since the college is doing needful at my request.
- 11) In the event of cancellation of my admission on minority basis by the College or non-approval and /or cancellation by the University of Delhi, I shall not make the College, University of Delhi, Delhi Sikh Gurudwara Management Committee or any member of the Admission Committee of the College including Principal liable for any legal or penal action.
- 12) That I shall not hold the College/ University of Delhi/ Delhi Sikh Gurudwara Management Committee responsible for any financial or other obligation in case of my admission is cancelled or not approved by the University of Delhi.

Deponent Signature
Date:

I declare that all the statements made above are true to the best of my knowledge and belief.

Deponent Signature
Date:

Witnesses

1. Signature _____
Name _____
Address _____

2. Signature _____
Name _____
Address _____