

I/ We,

(i) <Name> ⁷ Chairman/ Secretary/ Member/ Trustee/ Director/ Proprietor/ Authorized Representative of <Name of the Trust/Society/Company/Institute>, son of, aged..... years and resident of,

(ii) <Name> ⁸Principal <Name of the institute>, son of, aged years and resident of,

hereby solemnly affirm, state and undertake to comply with the following in connection with my/ our application <application number> to DGT for the closure of our institution <Name and address of institution>,

That the institution has applied for closure on DGT's web portal. Further, it is submitted that there exists **NO LIABILITY** as on date with respect to “Trainees” who have taken admission to the institution. The institute also undertakes to submit that no admission will be made during the academic year ____ in lieu of the institute application for closure. In case the trainees fail, the institute undertakes to provide all facilities towards tuition and other facilities till they pass out from the institute.

Name of the Chairman/ Secretary/ Member/ Trustee/ Director/ Proprietor/ Authorized Representative
Signature
Designation
Name of the Organization

Name of the Principal
Signature
Designation
Name of the ITI

⁷ For private ITIs, Chairman/ Secretary/ Member/ Trustee/ Director/ Proprietor/Authorized Representative's signature will be required
⁸ For government ITIs,principal's signature will be required