## SELF DECLARED AFFIDAVIT FORMAT

## **AFFIDAVIT**

I, Sri./Smt	S/o - D/o				
Age	Years,	Address		bearing E	nrolment No.
MYS/KAR	_ do sol	emnly swear a	s under:		
I am not sug declare that I sh Advocates Act, 19	all be		essional m	isconduct	U/sec. 35 of
I state that	what is	s stated above	is true an	d correct t	to best of my
knowledge.					
Place :					
Date:			DEPON	ENT	