## **AFFIDAVIT**

Code, District, State) do hereby sole			Address with Po	ostai
I state that the original Degree (University on passing(specify name of the pass being loss (the oft (destroyed))	rogramme/course) under Regi	of Graduation)		
has being loss/theft/destroyed/da	_			
I state that this affidavit is sworn Wellassa University for obtaining d which has been loss/theft /destroye Wellassa University if, as and w Certificate/Academic Transcript and University at the earliest.	uplicate of above mentioned Eed/damaged or defaced and I u when, I find /locate/trace m	Degree Certificandertake to information of the contraction of the cont	ate/Academic Trans orm the Registrar of tioned original De	cript Uva gree
I state that I have not put the above loss/theft /destroyed/damaged or of any purpose. In addition, I state to Certificate/Academic Transcript who kind of unfair use by any person(s) and / or any damage which may account and /or any acts of any kind in this state.	defaced, to any kind of unfair u that I undertake that in case ich has been loss/theft /destro who has /can wrongly lay hand crue to the University and I say	se and I have n my above-me byed/damaged ds on it, I shall	ot misused the same ntioned original De or defaced, is put to solely responsible fo	e for gree any or all
I state that all the above informat knowledge, information and belief, the above is found to be false/wrom other legal action in any court of law	and nothing therein is false on ng/incorrect; I shall be liable fo	r fabricated. I s	ay that in case of ar	ny of
I say that I submit and annex her License/Passport issued by Government		•	al Identity Card/Dri	iving
			Stamp of Rs. 50.00	
Date		Sigr	nature of the depone	 ent
		5.8.		
Solemnly affirmed that the above of day of	leponent, whose identity has n	ny presence on	has my presence or	າ
Name of the Attester	:			
Designation	:			
Date and Seal Signature :				
Format for non-traceable certificate	e :			