

AFFIDAVIT

I, **Dr. GOPINATH GANAPATHY** son of **G.GANAPATHY** and **G.KRISHNAVENI** in the capacity **REGISTRAR** of the **BHARATHIDASAN UNIVERSITY** aged **52** years, resident of **C-66, Thillainagar, Tiruchirappalli-620 017**, am the authorized signatory of the application made to the Regional Committee of the National Council for Teacher Education at Bangalore permission for conducting a course in Teacher Education titled **Bachelor of Education (B. Ed-ODL)** with intake of **500**.

2. That the **Bharathidasan University** is in possession of land as per the following description: -

2.1 Total Area (in Sqr. Mts.) **76161.15 Sq. mts. (18.82 acres)**

2.2 Address:

Plot No: ---

Khasra No: **SF No.616, 623, 648, 649**

Village/Town/City: **Suriyur, Tiruchirappalli**

District: **Tiruchirappalli**

State: **Tamil Nadu**

Area in Square Meters: **76161.15 Sq. mts. (18.82 acres)**

Bounded by

North: **SF No.650**

South: **SF No.628**

East: **SF No.622**

West: **NH-210 Pudukkottai Road**

Registered in the office of: **The Sub Registrar, Thiruverambur
Tiruchirappalli on 18.09.1984**

3. That the land is on ownership basis.
4. That the land is free from all encumbrances.
5. That the land is exclusively meant for running the education institution (land use) and the permission of the Competent Authority to this effect has been obtained vide letter No.DRG.No. BU/TE/120 dated 20-10-2006 of the communication.
6. That the said premises shall not be used for running any educational activity/institution, other than the teacher education programme for which recognition is being sought.
7. That the copy of the affidavit shall be displayed on the website of the Institution for general public.
8. I do hereby swear that my declaration under Para's (1) to (6) are true and correct and that it conceals nothing and that no part of this is false. In case the contents of affidavit are found to be incorrect or false, I shall be liable for action under the relevant provision of the Indian Penal Code and other relevant laws.

Signature:

Name of the Applicant: **Dr.GOPINATH GANAPATHY**

Address:

Registrar

Bharathidasan University

Tiruchirappalli-620 024

Tel : **0431-2407092**

E-mail address: **reg@bdu.ac.in**

Website address: **www.bdu.ac.in**

Place: **Tiruchirappalli**

Date: **22.11.2019**