

**AFFIDAVIT BY APPLICANT**

Name \_\_\_\_\_ Age \_\_\_\_\_

Father/Mother's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Relation \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

I hereby solemnly agree to abide by the rules and regulations of the Institute. I promise to pay the course fees, before the due date, as structured by the Institute. I have carefully read all the conditions of the Institute. I am well aware that the Institute has the authority to cancel my admission, on the basis of breach of contract of any kind. In case of cancellation of my admission, I promise that I shall not question the authorities or claim for refunding of my fees. I am also aware that, the first installment of the fees, include basic facilities, educational facilities, information and the administrative fees, required for the smooth running of the Institute. I have no rights, whatsoever, to claim the fees that I have paid, and shall not enter into any kind of dispute with the Institute for this reason, in future. I have seen all the facilities that the Institute is providing and I am thoroughly satisfied with them. I agree to the rules and regulations given in the Prospectus of the Institute. I am aware that WCAT is a authorized training institute approved by DGCA for AME course and is not affiliated to any foreign/Indian University. In case of any kind of judicial disputes, it shall remain with in the jurisdiction of Pune city.

Having read and understood I sign this affidavit in the presence of the witness mentioned below.

Place: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Name & Address \_\_\_\_\_