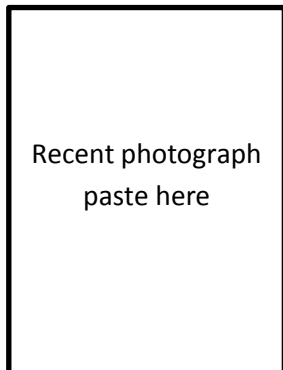


DECLARATION FORM

**The Chairman /Managing Director/President
IACT**



I.....

S/o or D/o

D.O.B:.....

Address:.....
.....

Declare as under:-

- (1) Our institute will work as an Authorized Study / Information Centre of the IACT.
- (2) All the admission, Examination, documents collected from the IACT will be kept safely, confidentially by me & it will be my responsibility for its timely distribution in the centre.
- (3) That our institute will work according to the Rules & Regulation of the IACT.
- (4) In no circumstance the enrollment number or exam result will be asked for the even of the dues not being paid to the IACT.
- (5) In any case I will not receive examination fees in cash from students and examination fees will be accepted by Bank Draft in favor of the IACT payable at H.Q. only.
- (6) That I have read and understood the rules & regulation of the IACT and only after complete satisfaction this declaration is being made which when necessary can be made use of for legal purposes. In the event of any dispute will be settled by the Committee appointed by the IACT ,its decision will be binding on all concerned & I/We will liable to all the expenses.

Therefore, Ideclare that the information furnished in this form for Establishment of Centre are true to the best of my knowledge and belief and will remain in force and be binding on me and my successor for the period of the Centre's association with the IACT.

Place :

Dated :.....

Signature of the applicant.