Consular Section
Tele: 312-595-0405
Fax: 312-595-0418
Website:www.indianconsulate.com

Consulate General of India
455 N Cityfront Plaza Drive
Suite 850 Chicago, IL 60611

AFFIDAVIT

I _____ _____holder of Indian passport No._____
Dated _____issued at _____ expiring on _____
Now residing at _____hereby declare that:

1. I came to United States of America under an Exchange Programme Student for the period from _____to _____. The Exchange programme was sponsored by the Government of _____and financed by the Government of / Agencies of Government of _____.
OR
Any other scheme under which proceeded abroad _____

2. I have not signed any agreement / contract with the government of India or a State Government or a Quasi - Government organization or a University or any public organization in India by which I have enjoyed any monetary benefits in the form of passage money, stipend scholarship or otherwise and have undertaken to return to India after completion of my studies / training in USA.
OR
I took a scholarship / loan of Rs. _____from _____(name of the institution)
_____under the National loan scholarship scheme or
_____(any other scheme) during the year _____,
When I was a student at (college/institution) and I have fully repaid the amount due from me, or I have yet to repay the amount of Rs. _____.

3. I have not taken any loan from any person or any agency in India. If yes, furnish details thereof on a separate sheet.

4. My presence is not required in India in connection with civil or criminal proceedings. If yes, furnish details thereof on a separate sheet.

5. I am unmarried / married and have not deserted my spouse or children in India. If divorced, furnish details thereof on a separate sheet.

(a) The particulars furnished by me in the form are correct.
(b) I have not suppressed any information, whatsoever.
(c)The concerned authorities will be at liberty to take any action against me, including revocation of NORI Certificate, deportation from USA and any other penalties if information provided by me is found false or suppressed at any stage without limitation of time. I shall abide by the decision of the authorities in this regard

Signature of the applicant _____
Place:
Date:

Signature and seal of Notary Public