



**TELANGANA STATE BOARD OF INTERMEDIATE EDUCATION
HYDERABAD.**

AFFIDAVIT

I Son / Daughter of Age Occupation
residence of on solemn oath and affirmation declare as under:

1. That I have appeared for two year Intermediate Education held in the month of March / May
..... with Register No. throughcollege
.....Districtp

2. That the Original Certificate issued to me by the Board of Intermediate Education has been lost by
me and inspite of my best efforts, I am unable to trace it and it is lost beyond recovery. In case, it is
traced in future, I shall submit to the Board of Intermediate Education for cancellation.

3. That I am in need of duplicate copy / triplicate copy of the said certificate for which purpose, I hereby
make this declaration as required by the Secretary, Board of Intermediate Education.

SWORN BEFORE ME:

DEPONENT

OFFICE SEAL:

DATE:

MAGISTRATE / NOTARY