



प्रदेश मानवाधिकार संगठन

State Human Rights Organization, India

Registered Under NITI Aayog



Vide unique ID No.: UP/2022/0319160

AFFIDAVIT

I,

S/D/H/W/o.....D.O.B.....

R/O.....Mobile.....

Adhar No.....PAN NO.....

do hereby solemnly affirm & declare as under:-

1. That I am a citizen of India.
2. That I wish to become a member/Pdadhikari/volunteer of Pradesh Manwadhikar Sangthan (PMS) and fully accept all its rules, regulations, and objectives.
3. That I am not involved in any Criminal /Economical/ Social offence/s & have never been convicted by any court of law for any offence.
4. That all the information provided by me in the membership form and this affidavit is true and correct to the best of my knowledge and belief.
5. That I understand my membership will be subject to the approval of the National President, whose decision will be final and binding.
6. That I shall not claim any refund of membership fee or any other amount , if paid to the Sangthan, under any circumstances.
7. That appointment to any position/post is subject to my qualification, ability, and the Chairman's decision.
8. That I will directly report to the Chairman or as instructed for all Sangthan activities and any legal/social problems faced at local levels.
9. That I undertake to bring at least five new members within one month of my joining, as per Sangthan policy.
10. That I understand failure to fulfill my responsibilities (including bringing new members, reporting misconduct, or developing units, if appointed as an in-charge/ Head/ Pdadhikari at any level for any Wing) may lead to termination of my membership.
11. That I will not engage in any activity against the objectives or interests of the Sangthan.
12. That I will not misuse the name of the Sangthan for personal benefit or unlawful acts.
13. That if found guilty of any misconduct, indiscipline, providing false information, or breaching any of the above conditions, I am liable to be removed / expelled from the Sangthan by a decision of the governing body/Chairman (National President). And My membership automatically become null & void.
14. That all disputes or matters related to my membership shall be subject to the jurisdiction of the head office of PMS/SHRO.

Date:

Verification:

Signature of Deponent

I, _____, do hereby verify that the contents of this affidavit are true and correct to the best of my knowledge and belief. Nothing has been concealed therein.

Verified at _____, on this ___ day of _____, 20__.

Date:

Signature of Deponent

Paste your
photo with
sign