

4. DIRECTOR / PRINCIPAL PROFILE

NAME	
DESIGNATION	
ACADEMIC QUALIFICATION	
PROFESSIONAL EXPERIENCE (YEARS)	
PHOTO ID PROOF ENCLOSED	Yes / No

DECLARATION & UNDERTAKING

We hereby declare that all information furnished in this application form is true, correct, and complete to the best of our knowledge and belief.

We agree to abide by all rules, regulations, guidelines, and directions issued by Gurukul Educational and Research Institute (GERIT), Haridwar from time to time. In the event that any information is found to be false, misleading, or incomplete, GERIT reserves the right to cancel or withdraw the affiliation without prior notice. All disputes shall be subject to the exclusive jurisdiction of the courts at Haridwar, Uttarakhand.

Date: _____

Signature of the Head of Institute: _____

Seal of the Organization