

**AFFIDAVIT**

I ----- S/o, D/o, W/o Sh. ----- Resident of -----

-----Age ----- solemnly affirm and state that:

1. I am not employed under the Government/its agencies, public sector undertakings/bodies/boards/corporations etc.
2. I am neither employed in private sector nor self employed.
3. I am a bonafide resident of H.P.
4. I have passed my ----- examination from ----- Board/University/Institution recognized by H.P. Govt.\_(Sr.No.4 not to be included in affidavit for applicant who wants to pursue training in Sectors such as masonry, carpentry, blacksmithy or plumbing etc.)
5. I am registered with the Employment Exchange ----- Registration No. ----- from date ----- and my name is registered as on date.
6. My annual family income from all sources including that of spouse is less than Rs. 2.00 Lakhs ( Rs. Two Lakhs).
7. I am in the age group of 16 to below 36 years.
8. I am not a dismissed Govt. employee.
9. I have not been convicted of any offence resulting in imprisonment for a period of 48 hours or more.
10. I have not claimed Skill Development Allowance from any other Employment Exchange.
11. I have read all the eligibility conditions and I fulfill the same. The information given by me in the application for Skill Development Allowance is true.
12. In case any eligibility criteria for receiving Skill Development Allowance (like increase in income, change in employment status, attaining age of 36 years etc.) changes which renders me ineligible, then I shall inform the Employment Exchange and the concerned bank branch within 7 days. I further undertake to refund the whole amount received by me with interest for any period for which I am found ineligible, as decided by the Govt.
13. I undertake to submit the Affidavit in the month of March to confirm my eligibility for the Skill Development Allowance for the next Financial Year (beginning April), failing which my Allowance will be withdrawn from April of that year.
14. I am enrolled in ----- Training in ----- institution in ----- (location) which is for a period of -----
15. That the above contents of my this affidavit are true to the best of my knowledge.

Deponent

**VERIFICATION**

I the above deponent do hereby further solemnly affirm and declare that all the facts given above from para 1 to 15 are true to the best of my knowledge and belief and nothing material has been concealed there in.

Verified today on -----(date and year) at -----

Deponent.

**AFFIDAVIT (in case of Minor)**

- I \_\_\_\_\_ S/o, D/o, W/o Sh. \_\_\_\_\_  
Resident of \_\_\_\_\_ Age \_\_\_\_\_ solemnly affirm and state that:
1. My son/daughter/ward, Miss/Mr. \_\_\_\_\_ is not employed under the Government/its Agencies, Public Sector Undertakings/Bodies/Boards/Corporations etc.
  2. My son/daughter/ward is neither employed in Private Sector nor self employed.
  3. My son/daughter/ward is a bonafide resident of H.P.
  4. My son/daughter/ward has passed \_\_\_\_\_ examination from \_\_\_\_\_ Board/University/Institution recognized by H.P. Govt. (Sr.No.-4\_not to be included in affidavit for applicant who wants to pursue training in Sectors such as masonry, carpentry, blacksmithy or plumbing etc.)
  5. My son/daughter/ward is registered with the Employment Exchange \_\_\_\_\_ Registration No. \_\_\_\_\_ from date \_\_\_\_\_ and his/her name is registered as on date.
  6. My annual family income from all sources including that of spouse is less than Rs. 2.00 Lakhs (Rs. Two Lakhs).
  7. My son/daughter/ward is in the age group of 16 to below 36 years.
  8. My son/daughter/ward is not a dismissed Govt. employee.
  9. My son/daughter/ward has not been convicted of any offence resulting in imprisonment for a period of 48 hours or more.
  10. My son/daughter/ward has not claimed Skill Development Allowance from any other Employment Exchange.
  11. I have read all the eligibility conditions and my son/daughter/ward fulfils the same. The information given by my son/daughter/ward in the application for Skill Development Allowance is true.
  12. In case any eligibility criteria for receiving Skill Development Allowance (like increase in income, change in employment status, attaining age of 36 years etc.) changes which renders my son/daughter/ward ineligible, then I shall inform the Employment Exchange and the concerned bank branch within 7 days. I further undertake to refund the whole amount received by my son/daughter/ward with interest for any period for which my son/daughter/ward is found ineligible, as decided by the Government.
  13. I undertake to submit the Affidavit in the month of March to confirm my son's/daughter's/ward's eligibility for the Skill Development Allowance for the next Financial Year (beginning April), failing which my son's/daughter's/ward's Allowance will be withdrawn from April of that Year.
  14. My son/daughter/ward is enrolled in \_\_\_\_\_ Training in \_\_\_\_\_ Institution in \_\_\_\_\_ (location) which is for a period of \_\_\_\_\_.
  15. That the above contents of my affidavit are true to the best of my knowledge.

Deponent.

**VERIFICATION**

I the above deponent do hereby further solemnly affirm and declare that all the facts given above from para 1 to 15 are true to the best of my knowledge and belief and nothing material has been concealed therein.

Verified today on \_\_\_\_\_ (date and year) at \_\_\_\_\_

Deponent.

**Form 'D'**

**Government of Himachal Pradesh  
Department of Labour & Employment**

O/o -----

Dated: -----

To

-----  
-----  
----- (for address)  
Application No.-----

**Subject:- Regarding ineligibility of Skill Development Allowance.**

Madam /Sir,

Please refer to your application (no. mentioned above) for Skill Development Allowance. On the scrutiny of the application alongwith documents submitted by you, your claim for Skill Development Allowance is rejected herewith due to the following reason:

- (i) -----
- (ii) ----- (Please mention the grounds of rejection of the application).

Yours faithfully,

Signature of Officer/Official  
of Employment Exchange  
Name-----  
Designation-----  
Date -----

**Form 'E'****Government of Himachal Pradesh  
Department of Labour & Employment  
O/o-----**

Sr. No.	Application No.	Name & Address of the Applicant with Pin Code and Tel. No. & Mobile No.	Employment Exchange Regn. No.	Aadhar No. of the applicant (failing which Aadhar application number)	Saving Bank A/c No. alongwith name of Bank & branch address	IFSC code of the Bank Branch	If claim accepted, month & Year of beginning of Allowance & Training (with NCO Code)	Last month of disbursal of Allowance	In case claim rejected then date of intimation to the applicant. (as per form 'D')

Signature of Officer/Official  
of Employment Exchange  
Name-----  
Designation-----  
Date -----