

AFFIDAVIT OF AUTHENTICITY

Orphanage Meal Support Program - Niyan Foundation

To be completed and certified by an authorized local government official on behalf of the applicant orphanage, in support of an application to the Niyan Foundation Orphanage Meal Support Program.

I. Deponent (Certifying Authority) Details

Full Name of Deponent: _____
Designation / Title: _____
Government Department / Office: _____
Office Address: _____
Jurisdiction (District / Municipality / Ward): _____
Official Registration / Employee ID No.: _____

II. Orphanage (Applicant) Details

Name of Orphanage: _____
Registration Number: _____
Registering Authority: _____
Date of Registration: _____
Address of Orphanage: _____
Residential / Non-Residential Status: _____
Number of Children Currently in Care: _____
Approximate Cost of One-Time Meal: _____

III. Declaration

I, the undersigned, being a duly authorized officer of the government authority named above, do hereby solemnly affirm and declare as follows:

1. That the orphanage named above is duly registered with the appropriate government/regulatory authority, and that its registration is current and in good standing to the best of my knowledge and records.
2. That the number of children (students) stated as currently residing in or attending the said orphanage has been verified and is true and correct to the best of my knowledge.
3. That the residential/non-residential status declared by the orphanage accurately reflects its mode of operation as known to this office.
4. That the approximate cost of one-time meal stated by the orphanage is a reasonable and good-faith estimate, consistent with local prevailing costs.
5. That the information furnished above is provided for the sole purpose of supporting the orphanage's application to the Niyan Foundation Orphanage Meal Support Program, and that I make this declaration knowing it may be relied upon by the Foundation in its review.
6. That I have not received, and do not expect to receive, any personal benefit or consideration in connection with this certification.

I make this solemn declaration conscientiously believing the same to be true and in accordance with the applicable laws relating to affidavits and oaths of my jurisdiction.

IV. Signatures & Notarization

Place of Signing: _____

Date of Signing: _____

Signature of Deponent (Certifying Government Authority)

Official Seal / Stamp of Government Office

This affidavit must be submitted along with the orphanage's completed application to the Niyan Foundation Orphanage Meal Support Program. Applications submitted without a valid, duly certified affidavit will be considered incomplete.
CONTACT info@niyanfoundation.com | niyanfoundation.com/apply