AFFIDAVIT

[,	, resident of,			
village	, tehsil, district, state, do			
hereby	solemnly affirm and declare on oath as under:			
1.	That my date of birth is and accordingly I am aboutyears old as on today therefor I am more than 18 years of age. I also declare that I am a person of sound mind. So, I am full competent to execute this Affidavit.			
2.	Γhat I, in my own free will, wish to and hereby do bind and dedicate myself to Dera Sacha Sauda's Humanitarian Campaigns with my full knowledge & free consent.			
3.	in view of the humanitarian thoughts of my mind I shall involve myself completely with all ime, efforts & liberty with free will in the humanitarian services under the auspices of Dera a Sauda. There is not any kind of pressure or undue influence whatsoever practiced upon menis understanding/undertaking.			
4.	That entirely I only and none else shall be responsible for any kind of mishap (if any) or for my sudden demise during the course of rendering such humanitarian services as mentioned herein under the auspices of Dera Sacha Sauda. Neither Dera Sacha Sauda nor anyone else shall ever be esponsible for any such happening/s.			
5.	That in case of my death, not any of my relatives/heir(s)/parents/spouse/children/or anyone else claiming under me, shall ever not be entitled to initiate—any sort of action or any legal proceeding/s against Dera Sacha Sauda of whatsoever nature.			
6.	That I shall always be sincerely prepared to participate in any/all kind of humanitarian act/s at any place/s, whenever conveyed to me by Dera Sacha Sauda.			
7.	That I am fully aware of and hereby undertake to strictly follow all the principles of Dera Sacha Sauda and I have firm faith upon my Satguru Ji. As per His holy preaching I devote myself for the sake of humanity.			
8.	That I have read/listened to/ explained to me in my known language/mother-tongue and have understood the above mentioned contents. I hereby unequivocally agree to all the contents of this document and consent to & confirm it without any pressure of any kind on me & with the absolute consciousness and free discretion by signing and putting my signatures on it.			
9.	My Blood group is, Mobile No, Landline No, illness/disease, if any, Education, Occupation, and Insan No. is			

		Deponent		
Date				
Verification:				
		we paras 1, 2, 3, 4, 5, 6, 7 & 8 and belief and that nothing		
	Deponent			
Date				
Deponent				
tness	Name	Contact No.	Signature	
5 Member				
5 Member				
Block Bhangidas				
Head of Family				
Village/City Bhangidas				
15 Member				
Head of Green S Welfare				