

**ANNEXURE III**

**AFFIDAVIT ON SOFTWARE USAGE POLICY**

*(This matter has to be typed on a non-judicial stamp paper of ₹200/-)*

I,..... (full name of student/faculty/staff with registration number/employee id) S/O D/O Mr./Mrs./Ms ..... residing at ..... having been admitted/employed in Vellore Institute of Technology hereby solemnly affirm and declare as under:

1. I am fully aware that **Vellore Institute of Technology (VIT) strictly prohibits the use of pirated, cracked, expired, or unlicensed software** across all networks, systems, and devices within the university- including but not limited to academic departments, laboratories, administrative offices, and hostels.
2. I understand that **all software procurement must be done through the Centre for Technical Support (CTS)**, ensuring proper licensing and compliance with institutional IT Policy and legal requirements.
3. I am aware that **violations of this policy may result in severe disciplinary action, including termination of services/admission, and may lead to legal proceedings** under applicable laws.
4. I hereby solemnly confirm and undertake that:
  - a) I will **not install, use, distribute, or possess pirated, cracked, expired, or unlicensed software** on any device connected to VIT's infrastructure.
  - b) I will **ensure that all software used by me is legally licensed through CTS** or is an approved open-source alternative.
  - c) I take **personal responsibility for adhering to this policy** and ensuring compliance with VIT IT Policy at all times.
5. I hereby affirm that, if found guilty of violating the software usage policy/VIT IT Policy, I am **liable for disciplinary and legal actions** as deemed appropriate by VIT authorities.
6. In case of any liabilities arising from my violation of this policy, I accept full responsibility and agree to indemnify VIT against any losses, damages, or consequences resulting from my actions.

Declared this ..... day of ..... month of ..... year.

Signature of Deponent Name:

Address:

Mobile No:

**VERIFICATION**

Verified that the contents of this affidavit are true to the best of my knowledge and belief, and no part of this affidavit is false, and nothing has been concealed or misstated therein.

Verified at ..... (place) on this the ..... (day), of ..... (month), ..... (year).

Signature of Deponent

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Solemnly affirmed and signed in my presence on this the ..... (day) of ..... (month), ..... (year) after reading the contents of this affidavit.

**OATH COMMISSIONER/ ADVOCATE AND NOTARY PUBLIC**