

Declaration to be obtained from the student

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| Name Of the Student | |
| Student's ID on the Portal | |
| Father's Name | |
| Aadhar Card Number | |
| Caste | |
| Date Of Birth | |
| Annual Family Income | |
| Address of the Student | |
| Name of the Institution | |
| Course | |
| Duration of Course | |
| Present Academic Year | |
| Tuition Fee | |
| Maintenance Allowance | |

I, Mr/ Ms/ Mrs _____ D/O / S/O _____
declare that above details are true to my knowledge and I am aware of the fact that the entire scholarship under Post Matric Scholarship scheme will be credited to my account as per GOI Post Matric Scholarship Guidelines and I agree to pay the fee component sanctioned to me to the Institution within 7 Working days after receipt of the Scholarship.

Students's Signature