

## AFFIDAVIT (Student)

I (Name of student) S/o (Father's name of student) resident of (Address) a student of (name of Society & Address) do hereby solemnly affirm and declare as under:-

1. That I am a citizen of India.
2. That I am eligible for reimbursement of scholarship under PMS Scheme as per time to time guidelines issued by the Govt.
3. That I have applied for reimbursement of scholarship on the portal SC & BC Welfare Department in the allotted schedule i.e. before last date of filling application on portal.
4. That I have submitted my original application form in the institute along with required document.
5. That my attendance of the students during the eligible claiming academic year/semester is not less than 75%.
6. That the reimbursement of tuition fee and other components claimed by me is as per fee structure of the institute approved by State Fee Committee Haryana/other constituted by the Govt.
7. That this institute is affiliated/approved by appropriate bodies like PCI/AICTE etc for the claimed academic session for the claimed course.
8. That I have not passed one stage of education in the same stage of education in different subject.
9. That I will not hold any other scholarship/stipend under this scheme.
10. That I belong to Haryana State & the all related documents are correct.
11. That I have not claimed this installment of payment of scholarship earlier.
12. That It is certified that the adhaar number and account number where in the payment has to be made are in my name.
13. That I will fully co-operate to the verification team, time to time deputed by the department/processing centre for physical verification of the students.
14. That I will provide all the record to the institution/processing centre/disbursing center to Govt. authority any time for verification.

That I am fully responsible for any fraudulent drawl of scholarship in any shape due to any reason falling which I am ready to face criminal, civil and disciplinary proceeding initiated by the Govt.

**Deponent**

**Verification:-**

Verified at ..... on this .....day of .....that the contents of the above said affidavit are true and correct to the best of my knowledge and belief and nothing has been concealed therein.

**Deponent**