Annexure-I

AFFIDAVIT/UNDERTAKING TO BE SUBMITTED BY THE SC STUDENTS OF PUN JAB STATE, AT THE TIME OF ADMISSION.

| | Ι | | S/o | | D/o | | | |
|--------|---|---|--------------------------------------|---|----------------------------------|--|--|--|
| | Smt./Sh | · | R/ | 0 | | | | |
| | | | and declare as under: | do here | by solemnly affirm | | | |
| i. | That I have taken as | | | | in the | | | |
| 1. | | | | s) vide registration Noersity, Chandigarh for the sea | | | | |
| ii. | | | | ersity, Chandigarn for the sex | 581011 2022-2023. | | | |
| | | I belong to Scheduled Caste category of Punjab State. | | | | | | |
| iii. | | I have not taken admission in any other course in the session 2022-2023 | | | | | | |
| iv. | | hat I have not applied for Post Matric scholarship in other course in 2022-2023. | | | | | | |
| v. | | at the annual family income of my parents/guardian from all sources is less than Rs. 2.5 lac. | | | | | | |
| vi. | That I want to avail the benefit of Post Matric Scholarship Scheme of Govt. of Punjab as per norms. That I have not availing and availed any PMS for the same course.(UG or PG). | | | | | | | |
| vii. | | • | • | · · · · · · · · · · · · · · · · · · · | | | | |
| viii. | | - | - | duly filled form along with su | apporting document | | | |
| | before due date as p | er my eligibility in | the | course. | | | | |
| ix. | For students studying in Self Finance Courses: that I shall deposit the balance fee of Rs. | | | | | | | |
| | (figure) and | | | (in words) (to be | e filled in by the | | | |
| | concerned Department) to my Department within 30 days after receiving Post Matric Scholarship amount | | | | | | | |
| | in my Bank Account reimbursed by the Punjab Government, failing which I shall be liable to pay balance | | | | | | | |
| | fee with late fee charges as per University norms. | | | | | | | |
| | AND | | | | | | | |
| | For students studying in Normal Courses: that I shall deposit the entire admission fee including | | | | | | | |
| | examination fee of Rs (in figure) and (in | | | | | | | |
| | words) (to be filled in by the concerned Department) to my Department, after receiving Post Matric | | | | | | | |
| | Scholarship amount in my Bank Account reimbursed by the Punjab Government within 30 days, failing | | | | | | | |
| | - | - | • | ges as per University norms. | 3 / 2 | | | |
| | | | | | Deponent | | | |
| Signa | ture of Parents/Guardia | n | | | 1 | | | |
| | | DECLATA | TION/VERIFICAT | TION: | | | | |
| Cartif | and that I | | S/a D/a Sh | ./Smtrm and declare that the info | racidant of | | | |
| Certin | ned that, i | do l | S/0, D/0 Sil nereby solemnly affi | rm and declare that the info | resident of ormation/particulars | | | |
| given | above are correct to the | e best of my knowl | edge and belief and r | nothing has been concealed the | nerein. | | | |
| | | | | | | | | |
| Dated | l: | | | | Deponent | | | |