**ANNEXURE-2: DECLARATION**

**“AMBUJ SONU SMIRITI” Scholarship**

**(For the period from 31.08.2023 to 30.08.2024)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the student)

Or

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of Family member/ Guardian), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Relationship with student) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the student),

declare that all the information furnished in the application form and all the enclosed documents for “Ambuj Sonu Smiriti Scholarship” is true to the best of my knowledge. Furthermore, I declare that I/my child is not availing benefit of any scholarship scheme.

Date:

Place:

Signature of Student Signature of Family member/Guardian