**ANNEXURE-2: DECLARATION**

**“AMBUJ SONU SMRITI” Scholarship**

**(For the period from 31.08.2025 to 30.08.2026)**

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

Or

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

* 1. That all the information furnished in the application form and all the enclosed documents for “Ambuj Sonu Smriti Scholarship” is true to the best of my knowledge. Furthermore, I declare that I/my child is not availing the benefit of any scholarship scheme.
	2. That our annual family income for the year 2024-25 from all sources is less than 8 lacs.

Date:

Place:

Signature of Student Signature of Family member/Guardian