

**AFFIDAVIT**

I.....S/o/D/o.....  
.....Age.....  
resident of.....sole  
mnly declare:

- a) That I belongs to.....Caste in General/OBC/Minority/Schedule Caste/Schedule Tribe Category.
- b) That my Son/Daughter.....is student of Course.....Branch..... Year.....at Krishna Institute of Engineering & Technology/KIET School of Pharmacy, Muradnagar, Ghaziabad (U.P.).
- c) That He/She is applying for Scholarship & Tuition Fee Reimbursement Scheme of Social Welfare Dept. in..... Category.
- d) That the copy of student's Caste Certificate No-.....dated..... Submitted with the application is TRUE.
- e) That the copy of student's domicile / Samanya Niwas Certificate No..... dated...../...../..... submitted with the application is TRUE.
- f) That the family income Certificate No .....Dated.../.../... Submitted with application is TRUE.
- g) That my Family's Total Annual Income from all resources is Rs.....
- h) That I am legally bounded for the genuineness of Income, Caste & Domicile Certificate submitted by the students along with Social Welfare Department Online Application form.
- i) That in future, if any discrepancy found in eligibility for scholarship & tuitions Fee Reimbursement, I will refund the Scholarship & Tuition Fee Reimbursement amount with 18% annual interest to the Institute / Social welfare Deptt.
- j) That in future, if any document submitted by me or by the student is found fake, the Institute has the right to terminate the student from the institute immediately.
- k) That my ward has not applied for any other scholarship from any other department or in any other category.

Place:  
Date-...../...../.....

Deponent