



प्रो० पंकज अरोड़ा
Prof. Pankaj Arora
अधिष्ठाता, छात्र कल्याण
Dean Students' Welfare

अधिष्ठाता, छात्र कल्याणकार्यालय
Dean Students' Welfare Office
दिल्लीविश्वविद्यालय, दिल्ली-110007
University of Delhi, Delhi-110007

Financial Support Scheme (Fee Waiver for the year 2023-24)

Undertaking

I _____ (name in BLOCK LETTERS),
pursuing _____ (Program/ Course)
_____ Semester at _____ (Faculty/
Department/ Centre) hereby, declare that:

- The information provided by me in the Financial Support Scheme (FSS) Application Form is true to the best of my knowledge.
- I undertake that my Father/ Mother/ Sister (Unmarried)/ Brother (Unmarried & below 25 years of age) does not fill Income Tax Return.
- I have carefully checked all my particulars (including Bank details) and found them correct.
- I understand that if any information is found to be incorrect/ false, the University of Delhi can cancel my admission.
- I understand that DSW Officials can visit my house to verify the facts stated by me in the application form.

(Signature)

Full Name _____

Mobile No. _____

Date

Place: