

DECLARATION

I do hereby declare that the information given above are true to the best of my knowledge and belief

Place :

Date

Name and signature of
the Ex-Serviceman/ Guardian

(To be filled by the head of the institution)		
1.	Name and address of the institution	:
2.	Whether Govt Institution or an Institution recognized by Government or other competent authority: give details.	:
3.	Course in which the student is studying and Year/Semester	:
4.	Whether the Course is recognized by Medical Council of India/All India Council for Technical Education or a competent regulatory body as a professional/ Technical/Vocational Course; give details	:
5.	Details of Fees to be paid by the student for the current academic year (Rates approved by the Government are to be quoted)	:
	(a) Tuition Fee	:
	(b) Examination Fee	:
6.	Whether the student was selected for the course under Merit/Payment/NRI quota basis etc	:

Place:

(Office Seal)

Name and Designation and Signature
of the head of the institution

Date: