



अधिष्ठाता, छात्र कल्याण  
Dean Students' Welfare

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

**Financial Support Scheme, 2024-25**

**Undertaking Form**

I \_\_\_\_\_ (name in BLOCK LETTERS),  
pursuing \_\_\_\_\_ (Program/Course)  
\_\_\_\_\_ Semester at \_\_\_\_\_  
(Faculty/Institute/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: