



अधिष्ठाता, छात्र कल्याण
Dean Students' Welfare

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

Financial Support Scheme, 2025-26

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 undertake that the account details belong to me.
- ☐ 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: