

**PDM COLLEGE OF PHARMACY**  
SEC 3A, SARAI AURANGABAD, BAHADURGARH, HARYANA  
**SCHEME OF "NANDINI FOUNDATION SCHOLARSHIP"**  
2014-2015  
**INCOME AFFIDAVIT**

Declaration of income of Parent/Guardian for the year mentioned above for purpose of scholarship granted under the Scheme of "NANDINI FOUNDATION SCHOLARSHIP" for PDM College of Pharmacy.

I, \_\_\_\_\_ son/daughter  
of Shri/Smt \_\_\_\_\_  
presently residing at \_\_\_\_\_

Solemnly affirm and say as follows:-

1. That my Son/Daughter/Dependent, Shri/Kumari \_\_\_\_\_  
who is applying for the Scholarship under the scheme of " NANDINI FOUNDATION SCHOLARSHIP ", sponsored by BELCO PHARMA is studying at PDM College of Pharmacy
2. That my annual income in the preceding year ending the 31<sup>st</sup> March is Rs. \_\_\_\_\_  
I also affirm that particulars of property held by me is as shown in the Schedule and that I have correctly indicated the amount on various taxes/cesses and land revenue paid by me. I make myself personally responsible for the accuracy of the facts and figures furnished
3. That the statements made in the foregoing paragraphs are true to my knowledge.
4. I further undertake that in the event of the particulars given in this declaration being found false, I shall refund to the College Authority DOUBLE the amount of the scholarship to the said scholar(s) and the Government's decision on whether the declaration of particulars is false shall be final and binding on me.

Signature

Name in full

To be signed in the presence of Notary Public or a Magistrate/  
1<sup>st</sup> Class Magistrate Executive/Revenue Officer signature and seal.