

(C)

1. Income in the name of my son/ daughter

Rs. _____ p.a.

GROSS TOTAL INCOME (A+B+C)

Rs. _____ p.a.

Further, I declare that the information given above is true. I understand that the Merit/ /SC/ST/Economically Backward/Minority Scholarship, if awarded to my son/ daughter, is liable to be withheld or discontinued at the discretion of the authorities of the Xavier University, Bhubaneswar, without assigning any reason. If subsequently (after award of the Scholarship to my ward) it is found that he/she has been granted any other Scholarship/ Stipend/Financial Assistance etc. by any Government/ Non-govt. organization for the same period, I shall be bound to refund the whole amount of Scholarship / Stipend/ Financial Assistance etc. to the scholarship awarding authority immediately. I shall also be personally held responsible for the refund of the Scholarships amount (paid to my son/ daughter by the University) in the event of any information in this declaration being found incorrect/ false later.

(Signature of Father/Guardian)

Sworn before me this _____ day of _____ 2020 and signed.

(SEAL with date)

Signature of the Tahasildar/Revenue Officer/ S.D.O./B.D.O./First-Class Magistrate
of the district of the signatory