

- (iv) Copy of the Income Tax Annual Information Statement for the Financial Year of fee waiver,
- (v) A declaration about the number of Bank accounts, and the copies of the Bank (s) Statements for the previous and current FY up to the date of application.
- (vi) For fee paid in the last school attended, invoice/copy of challan raised by the school along with document in support of payment such as receipts etc. Letter etc. provided by the School certifying payment will not be accepted.
- (vii) Copy of bank Education Loan certificate, if availed,
- (viii)Copy of Declaration for financial assistance in the form of Affidavit as per Format below.

IV. Disqualification Due to False Information

If at any stage, it is found that the applicant has submitted wrong or false information then the recipient student will refund the entire amount forthwith along with penal interest @ 10% for the period of credit of amount to his bank account and until the date of refund. The Institute, at its discretion depending upon circumstances, may also initiate criminal proceedings against the parents / recipient student.

Annexure

FORMAT

(Declaration by the Student)

I,.....son/daughter of Mr.
 /Mrs.....resident of
studying in the.....year (mention year of the Program
 i.e. first, second, etc.) of the.....Program (name of the Program) in Indraprastha
 Institute of Information Technology-Delhi do hereby declare that I am not availing any financial
 assistance / subsidy for the program from any other Agency / Scheme of the Govt. In the event
 of the Institute, coming to know of my availing any financial assistance / subsidy I undertake to
 refund the entire amount with penal interest calculated @ 10% for the period commencing from
 the date of credit of assistance to my / my parents bank account and until the date of refund.

I also understand that the Institute is also free to initiate any legal action against me / my parents
 for any wrong / misleading information furnished in the format of application.

(Signature of the Student with Date)

Witnesses (other than parents/family members):

S. No.	Name and Complete Address	Contact Mobile Number (s)	Signature
1.			
2.			