

SELF DECLARATION

I, Shri/Smt _____, Father/Mother/Legal Guardian of Master/Miss _____, Age _____

At: _____, PO: _____, PS: _____, District: _____

do hereby declare that:

1. My child/ward, Master/Miss _____, belongs to the SEBC category (Sub Caste: _____)
2. The information provided in the SEBC certificate application and its enclosures is true and correct to the best of my knowledge.
3. I am fully responsible for the accuracy of the information furnished.
4. I understand that in case of false information, the certificate shall be cancelled and action may be taken under the law.

Date: ____/____/____

Signature: _____

Name: _____

Relation to Applicant: Father / Mother / Legal Guardian