# **UNDERTAKING**

# I the undersigned Mr. / Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ studying in \_\_\_\_\_\_ (Class) \_\_\_\_\_\_\_\_ (branch) of **Holy-wood Academy’s** **Sanjeevan Engineering & Tecnology Institute, Somwar Peth, Panhala, Tal- Panhala, Dist- Kolhapur 416201** have read and understood the contents of the “Guidelines for Post Matric Scholarships to students belonging to Scheduled Caste for studies in India” published by Ministry of Social Justice and Empowerment in March 2022 and Government Resolution No. Bhasashi- 2022/ Proposal No.74/ Education-1, dated 17th March 2022 issued by the Social Justice Department, Government of Maharashtra. I am aware that every candidate seeking admission is required to pay prescribed fees to the college for the admission, whereas in case of reservation candidate, the due fees will be borne by the Government in the form of re-imbursement to the college. Therefore, I being a reserve category student, I have not paid the fees since Government is paying on my behalf.

# I am made aware that the Scholarship / Free ship for A.Y. 2021-22 will be paid by the Government to my **personal bank account** according to point no. 2 (A) of the Government Resolution quoted above, Therefore, I hereby undertake to deposit the Scholarship / Freeship amount received from the Government in my bank account to the Institute within seven days of the receipt of the amount in my account via Cash/Cheque/Online Banking.

# **If I fail to remit the Scholarship / Free ship amount to the Institute within the stipulated period (seven days from the date of receipt of the amount), I am well aware that the Institute may initiate appropriate action against me as deemed fit.**

If I fail to remit the Scholarship/Freeship amount to the Institute within 7 days from the date of receipt of amount from Government to my account, then I know Institute will not allow to appear examinations & also Institute will not issue any certificates (Degree Certificate, Leaving Certificate, Bonafide Certificate, Marksheet etc), if any.

I am also aware that, If the Scholarship/Freeship is not credited to my bank account due to not seeding my Aadhar No. to Bank or false information given by me. Institute & Government is not responsible for this, and I am liable to paid full fees to the Institute.

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# **Name of the student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Class and branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Residential address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Mobile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Signature of the student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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#  **Declaration by Parent / Guardian**

# My son / daughter / ward Mr. /Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is studying in \_\_\_\_\_\_\_\_\_\_\_\_ (class and branch) of this Institute. I am aware of the above undertaking provided by my son / daughter / ward. I hereby assure that my son / daughter / ward will remit the Scholarship / Free ship amount to the Institute within seven days from the date of receipt of the amount from the Government. If the amount is not paid to the Institute within the stipulated period, I am aware that appropriate action will be initiated against my son /daughter / ward by the Institute.

# I am giving the undertaking/declaration that, myself & my ward are solely responsible for the same.

# **Name of the Parent / Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Contact Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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