

**SELF DECLARATION OF FAMILY INCOME UNDER SCHOLARSHIP SCHEME
(FOR CLASS IX TO XII)
AADI CARE INDIA PVT LTD
(To be given by the Parent/Legal Guardian)**

I, _____ Son/Daughter/of _____
Resident of (full address) _____

do hereby solemnly affirm and declare as under :-

(a) That I am a citizen of India.

(b) That my son/daughter/ward namely Master/Kumari _____
is a student of class _____ in _____
(name & address of school) _____
at _____ (District & State).

(c) His/Her enrollment no. in school is _____ for the academic
Session _____.

d) That annual income of my family from all sources is Rs
(in words also)

(e) I declare that I/my wife/ both* am/are earning Member(s) in my family.

2. I certify that the above information given by me is true.

3. In case this information furnished by me is found false, the financial assistance awarded to my ward may be recovered with penal interest and I will be liable to a legal action against me in accordance with law.

Signature of Parent/Legal Guardian: _____

Name of Parent/Legal Guardian: _____

*Strike off the non-applicable part in the underlined clause above