Annexure-I: Affidavit from Applicant to avail Orphan Child Scholarship

(On stamp paper of Rs. 100/-)

I	S/D/O Mr				
R/O _					
	, District, State				
do he	reby solemnly state & affirm as under:				
1.	That I am a citizen of India and a permanent resident of the address mentioned above.				
2.	That both of my parents (father and mother) are dead, and I am not legally adopted.				
3.	That I would like to take admission in(programme name) and				
	apply for scholarship benefits of Orphan Child Scholarship offered by Galgotias University for the sessio 2025-26.				
4.	That I am currently residing with Mr./Ms who is my				
	(relation) and has number of dependents (including applicant) with annual income for financial year 2025-26 of Rs from all sources.				
5.	That I am not availing any other Government/ State/ National scholarship for the session 2025.				
6.	That I will be required to pay fees or bear the expenses for all facilities availed by me.				
7.	That I will abide by all the terms and conditions of Galgotias University either mentioned in prospectus or other documents such as Admission Scholarship Policy for Orphan Students etc.				
	Deponent (Signature with date)				
<u>Verifi</u>	<u>cation</u>				
the binform	ereby declare that all the information either mentioned above or in enclosed documents are true & correct to est of my knowledge and nothing has been concealed therein. I very well know the fact that if any nation is found to be false & incorrect then I will be liable to be punished under Law in Force and any its received by me will be liable to be ceased. :				
	Deponent (Signature and Date)				

The document must be duly signed and stamped from the executive magistrate

Applicants not living in the government approved orphanage must submit this affidavit/ Not legally adopted/ Is an abandoned child (No information of parents or relative available).

Annexure-II: Affidavit from Guardian for Financial Aid to Orphans (on stamp paper of Rs. 100/-)

I	S/D/o Shri					
	R/O					
	City	, District				
, State		Guardian of _		(Applicant's		
Name)) Application/Admission Number		do hereby solemnly s	tate & affirm as under:		
1.	That I am a citizen of India and permanent resident of the address mentioned above and applicant's full address is					
2.	That both parents (father and mother)	of the applicant are	e dead, and the applicant	is not legally adopted.		
3.	That applicant would like to take admis	ssion in		(programme		
	name) and apply for benefits of finar	ncial aid to orphan	s' scheme offered by Ga	algotias University for the		
	session 2025.					
4.	That applicant is currently residing with _ who is his/her			f dependent (including		
				i dependent (including		
applicant) with annual income of Rs from all sources.5. That applicant is not availing any other Government/ State/ National scholarship for the session						
6.						
0.	by him/ her.	Toda di badi tila akpana				
7.	That applicant will abide by all the terms and conditions of Galgotias University either mentioned in prospectus or other documents such as Financial Aid to Orphans.					
<u>Verific</u>	cation:			Deponent (Signature with date)		
l do he	ereby declare that all the information ei	ther mentioned abo	ove or in enclosed docum	nents are true & correct to		
the be	est of my knowledge and nothing ha	as been conceale	d therein. I very well k	now the fact that if any		
inform	ation is found to be false & incorrect th	en the applicant w	Il be liable to be punished	d under Law in Force and		
•	enefits received by the applicant will be	liable to be ceased	I.			
Place:						
				Deponent (Signature and Date)		

Applicants not living in the government approved orphanage must submit this affidavit/ Not legally adopted/ Is an abandoned child (No information of parents or relatives available).