ASSURANCE/ UNDERTAKING

Certified that I,	son/daughter of
Sh	DDE reference No
have been admitted to	under
Scheduled Caste category for the session	
As per orders/ instructions of the Gover-	nment of India/Haryana vide Notification
(No. Ed-I/2018/20135-160 dated 01.09.2018)	of Director, Welfare of Scheduled Castes
and Backward Classes Department convey	ed by the Admn. Officer (Accounts)
vide Endst. No. Sch./S-II/19/132-185 dated 11.0	1.2019, I hereby assure that I will deposit
my full fee as soon as I will receive the Post M	atric Scholarship in my account from the
Government of Haryana. If I fail to deposit m	y full fee, I will be responsible for any
consequences.	
Signature of student:	
Date:	
Name of student:	
Father's Name:	
DDE Reference No.:	
Mobile No. of student:	
Mobile no of parents:	

Countersignature of the Director, DDE