



SHIVAM SCHOOL OF PHARMACY

BOMPASS TOWN, B. DEOGHAR, BAIDHYANATH DHAM, NEAR DEVSANGH CHOWK, PIN-814114, JHARKHAND



This certificate is issued only purpose of e-Kalyan scholarship_2024-2025.

Declaration Certificate **Academic Year 2024-2025**

I..... S/o, D/o,.....
W/o _ (If Applicable)..... having e-Kalyan application number
WS/2024-25/..... I am a student of
course during the academic session I declare that I belong to
category and my family income is not more than as per my income certificate
submitted. If my family income is to be found incorrect or more than as per my income
certificate having certificate number JHIC/...../..... Date of issue
..... , then I am liable to return my scholarship amount and the competent
authority is free to take legal action against me or my family in accordance with law.

Enclosure:- Income Certificate

.....
Sign. Of Student Father/Mother/Guardian

.....
Signature Of Student

Signature To Be Attested by,
Principal

(To be filled by College)

As per record of school/College, I certify that.....
Course..... Roll no..... aadhar number..... having good
characters and eligible for scholarship.

Principal
(Sealed with stamp)

Letter No.-..... Dated-/...../2025

Copy To – District Welfare Officer, Deoghar for kind information.

Principal
(Sealed with stamp)