

FORM-B

FORMAT OF INCOME AFFIDAVIT

(FOR USE OF THOSE GUARDIANS WHO ARE NOT IN EMPLOYMENT ANYWHERE AND DERIVES INCOME FROM SOURCES OTHER THAN SALARY/PENSION)

(To be submitted on Non-Judicial Stamp paper of Rs.50/-and sworn in before a First Class Magistrate/Notary Public)

I, Shri / Smt. _____ a resident of _____ solemnly declare that:

My son / daughter Shri / Miss _____ is currently studying at the Institute of Law, Nirma University, in 5-year B.A., LL.B (Hons.)/B.Com., LL.B (Hons.) programme

He / She is an applicant for the award of Merit-cum-Means Scholarship for the Academic Year 2025-26.

I declare that my spouse is employed/not employed and that the Annual Income of my family in the Financial Year 2024-25 i.e. during the period from 1st April, 2024 to 31st March, 2025 was as mentioned hereunder (Supported by document):

(A) From my own profession as indicated:

i)Income from Business/Medical practice

Legal Practice/Engineering Consultancy etc.

Rs._____ p.a.

ii)Income from Agriculture

Rs._____ p.a.

iii)Income from Landed Properties

Rs._____ p.a.

iv)Income from Investment in Bank/Post Office etc.

Rs._____ p.a.

v)Income from Share Certificates/Debentures

Rs._____ p.a.

vi)Income from any other sources

(i.e. Retirement Benefits for

VRS/VSS etc., if any

Rs._____

(B)Income of my wife/husband (if any)

Rs._____ p.a.

(if employed, Salary certificate from Employer to be enclosed)

(C)Income in the name of my son/ward (if any)

Rs._____ p.a.

GROSS TOTAL INCOME (A+B+C):-

Rs._____ p.a.

Further I declare that the information given above are true. I understand that the Merit-cum-Means Scholarship/Free Studentship/ if awarded to my son/daughter, is liable to be withheld or discontinued at the discretion of the authorities of the Indian Institute of Law, Nirma University without assigning any reason. If subsequently (after award of MCM Scholarship to my ward) it is found that he/she has been granted any other Scholarship/Stipend/Fin.Assistance etc.by any Govt./Non-govt. organization for the same period, I shall be bound to refund the whole amount of Scholarship/Free studentship/Stipend/Financial Assistance etc. to the scholarship awarding authority immediately.

I shall also be personally held responsible for the refund of the Scholarship/Free studentship amount (paid to my son/daughter by the Institute) in the event of any information in this declaration and also in the enclosed scholarship application form, being proved incorrect later on._____

(Signature of Father/Guardian)

Sworn before me this _____ day of _____ 20____ and signed.

(SEAL)_____

Signature of First Class Magistrate /Notary Public