



# SHRI VISHWAKARMA SKILL UNIVERSITY

(State University enacted under the Government of Haryana Act 25 of 2016)

Annex.- I

## Consent Form

Date: \_\_\_\_\_

To

The Dean

\_\_\_\_\_

Respected Sir,

I, \_\_\_\_\_, am a student of \_\_\_\_\_ course under the \_\_\_\_\_ department, and I have applied for the scholarship offered by the Shri Vishwakarma Skill University. I hereby declare that I am not receiving any Internship, stipend, scholarship, financial support, grant etc. from any state or central government programmes or schemes.

I understand that if I am found to be receiving such benefits from any state or central government programs or schemes, my scholarship from Shri Vishwakarma Skill University will be canceled, and I will be liable to repay the amount already paid. Additionally, further disciplinary/legal action may be initiated against me.

I hereby give my consent to Shri Vishwakarma Skill University to verify my declaration and take necessary action if found otherwise.

Thank you.

Yours' sincerely,

Candidate Name: \_\_\_\_\_

University Registration No.: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_