



Indian Institute of Technology Kanpur

DECLARATION OF INCOME (by Guardian) – Form G

(This form may only be used if both parents of the student are not alive. Please use Form P if any one or both parents are alive. Student concerned is also required to sign and date both pages of this form. Declaration that is incomplete or unsigned or without required self-certified enclosures shall not be accepted.)

I, _____ [guardian] of
_____ (Name of the student) son/daughter of

Late _____ (student's late father's name) and

Late _____ (student's late mother's name)

who is studying in _____ at IIT Kanpur, do hereby declare

that my annual income from all sources is Rs. _____ (in figures)

Rs. _____ (in words).

I further declare that the above information given by me is true to the best of my knowledge and if it is found at any stage that the information given by me is false, the scholarship amount sanctioned could be withdrawn and/or recovered from me and/or legal action as deemed fit taken against me and/or my ward.

Guardian's signature and date

Guardian's declaration –

I _____ (guardian)
further declare that:

i. I am self-employed and have the following business/profession
_____ operating from _____

_____ (complete address).

ii. I am employed as _____ (designation) with _____
_____ (name of employer) which is a
government/public/private organization and my workplace address
is _____

_____ (Please enclose self-certified copy of latest Form 16 issued by your employer.)

iii. I am not/am an income tax payee. (Please enclose self-certified copy of latest Income Tax Return Acknowledgement received from Income Tax Department.)

- iv. My Permanent Account Number (PAN) issued by the Income Tax Department is _____ (*Please enclose self-certified photocopy of your PAN card*) / I do not have any PAN number.
- v. the above information given by me is true to the best of my knowledge and if it is found at any stage that the information given by me is false, the scholarship amount sanctioned could be withdrawn and/or recovered from me and/or legal action, as deemed fit, may be taken against me and/or my ward.

Signature of Guardian

Date: