

SDEF India Scholarship Program 2026-27

SELF-ATTESTED DECLARATION OF NON-EARNING STATUS

I, _____, S/o / D/o / W/o

_____, aged _____ years, residing at

_____, hereby declare that:

1. I am the **Father / Mother / Legal Guardian** of _____, who is applying for the **SDEF India Scholarship Program 2026-27**.
2. I am presently **not employed or engaged in any business, profession, trade, self-employment, or other income-generating activity**.
3. My current occupational status is:
Homemaker / Unemployed / Not Working / Other:

4. I have **no personal income from any source**, and my current annual income is **NIL (₹0)**. This includes income from salary, wages, business, profession, pension, rent, agriculture, consultancy, remuneration, or any other regular source.
5. I am financially dependent on:
Name: _____
Relationship: _____
Occupation, if applicable: _____
6. I understand that the information provided in this declaration may be verified by the scholarship provider, implementing organisation, institution, or their authorised representatives. I agree to provide any additional clarification or supporting document, if required.

7. I declare that the information provided above is **true and correct to the best of my knowledge and belief**. If any information is found to be false, incorrect, or materially inconsistent during verification, the scholarship application or support may be discontinued or cancelled. If any scholarship amount has already been disbursed, I understand that its return may be required as per the applicable terms and conditions of the programme.

Parent / Guardian Details

Full Name: _____

Relationship with Applicant: Father / Mother / Legal Guardian

Mobile Number: _____

Self-Attestation

I confirm that I have read and understood this declaration and that the information stated above is true and correct to the best of my knowledge and belief.

Place: _____

Date: ____ / ____ / ____

Signature of Parent / Guardian: _____

Self-attested and declared to be true and correct.