

**INDIAN INSTITUTE OF TECHNOLOGY (BANARAS HINDU UNIVERSITY), VARANASI**  
**DECLARATION OF INCOME FOR FEE REMISSION FOR THE ACADEMIC YEAR 2017-18**

(This form needs to be completed and signed by all living parent(s). If any one parent is not alive, the word 'Late' may be prefixed to that parent's name in the concerned field marked \* below. In case parents are not alive, guardian may fill the form in concerned field. 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 may not be accepted.)

We/I, \_\_\_\_\_ [father\*] and \_\_\_\_\_  
\_\_\_\_\_ [mother\*]/ \_\_\_\_\_ [guardian (*in case*  
*parents are not alive*)] of \_\_\_\_\_ (name of the student)  
who is admitted in \_\_\_\_\_ at IIT(BHU), Varanasi, do  
hereby declare that our/my annual income from all sources during the financial year ended 31.03.2017  
was Rs. \_\_\_\_\_ (in figures) Rs. \_\_\_\_\_ (in words).

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and if it is found at any stage that the information given by us/me is false, the fee remission sanctioned could be withdrawn and/or recovered from me and/or legal action as deemed fit taken against us/me and/or our/my son/daughter/ward.

Father's signature with date

Mother's signature with date

Guardian's signature with date  
(*In case parents are not alive*)

**Father's declaration –**

I \_\_\_\_\_ (father) further declare that:

- a) I am self employed and have the following business/profession \_\_\_\_\_  
\_\_\_\_\_ operating from \_\_\_\_\_  
\_\_\_\_\_ (complete address).
- b) 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.)*

- c) I am not/am an income tax payee. *(Please enclose self-certified copy of Income Tax Return Acknowledgement for the financial year ended on 31.03.2017 received from the Income Tax Department. In case the same is not available on the date of submission of this form, the fee remission shall only be provisionally allowed and subject to confirmation on receipt of the above document before 30<sup>th</sup> September 2017.)*
- d) 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.*
- e) My Aadhar number is \_\_\_\_\_ *(Please enclose self-certified photocopy of your Aadhar card)/ I do not have any Aadhar number.*
- f) 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 fee remission 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.

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

Signature of Father

Student's signature with date

**Mother's declaration** –

I \_\_\_\_\_ (mother) further declare that:

- a) I am self employed and have the following business/profession \_\_\_\_\_  
\_\_\_\_\_ operating from \_\_\_\_\_  
\_\_\_\_\_ (complete address).
- b) 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.)*
- c) I am not/am an income tax payee. *(Please enclose self-certified copy of Income Tax Return Acknowledgement for the financial year ended on 31.03.2017 received from the Income Tax Department. In case the same is not available on the date of submission of this form, the fee remission shall only be provisionally allowed and subject to confirmation on receipt of the above document before 30<sup>th</sup> September 2017.)*
- d) 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.
- e) My Aadhar number is \_\_\_\_\_ *(Please enclose self-certified photocopy of your Aadhar card)/* I do not have any Aadhar number.
- f) 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 fee remission 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.

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

Signature of Mother

**Guardian's declaration** (In case parents are not alive) –

I \_\_\_\_\_ (guardian) further declare that:

- a) I am self employed and have the following business/profession \_\_\_\_\_  
\_\_\_\_\_ operating from \_\_\_\_\_  
\_\_\_\_\_ (complete address).
- b) 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.)*
- c) I am not/am an income tax payee. *(Please enclose self-certified copy of Income Tax Return Acknowledgement for the financial year ended on 31.03.2017 received from the Income Tax Department. In case the same is not available on the date of submission of this form, the fee remission shall only be provisionally allowed and subject to confirmation on receipt of the above document before 30<sup>th</sup> September 2017.)*
- d) 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.
- e) My Aadhar number is \_\_\_\_\_ *(Please enclose self-certified photocopy of your Aadhar card)/* I do not have any Aadhar number.
- f) 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 fee remission 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.

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

Signature of Guardian

I, \_\_\_\_\_ (student) declare that I have Aadhar no. \_\_\_\_\_

*(Please enclose self-certified photocopy of your Aadhar card)/* I do not have any Aadhar number.

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

Signature of Student

Student's signature with date