

दीन दयाल उपाध्याय कॉलेज DEEN DAYAL UPADHYAYA COLLEGE

(दिल्ली विश्वविद्यालय) (UNIVERSITY OF DELHI) दिल्ली रा. रा. क्षेत्र सरकार द्वारा 100% वित्त पोषित, 100% funded by Govt. of NCT of Delhi सेक्टर - 3, द्वारका, नई दिल्ली Sector-3, Dwarka, New Delhi – 110078 दूरभाष/Tel. 011-25099380, 25099381, Website: https://dducollegedu.ac.in

<u>UNDERTAKING FOR OBC NON CREAMY LAYER / EWS INCOME</u> <u>AND ASSET CERTIFICATE</u>

I, Mr./Ms		
S/o / D/o	bearing	
registration numberof U	niversity of Delhi, applied	
for undergraduate admission for academic Year	2020-21. I belong to	
/ OBC (Non-Creamy	y Layer) /EWS category, as	
per my Certificate No	which is issued	
by	I have	
applied for issue of OBC (Non Creamy Layer Validity)	/ EWS Income and Asset	
Certificate authenticated for the financial year	2019-20 at the office	
of	(Competent Authority)	
as per enclosed acknowledgement receipt, and submit the following undertaking:		

I undertake that, my admission against reserved seat is subject to the submission of valid OBC (Non Creamy Layer Validity) / EWS Income and Asset Certificate authentication for the financial year 2019-20 within the given time limit of 14 days from the date of admission subject to the last day of the admission.

If I am unable to submit required certificate/documents within the given time limit, I shall not claim any equity on account of admission against the reserved seat. I also state that I am aware of the fact that my admission is subject to the validation of my original certificates, otherwise my admission is liable to be cancelled.

Further, I agree that I shall abide by the Rules and Regulations and I am liable for criminal prosecution as may be deemed fit. I also hereby undertake that I shall accept the decision of the Admission Committee as final if the seat allotted to me is cancelled due to submission of incorrect certificates / non-submission of certificates within the duration of time allotted to provide the same.

Signature of the Parent / Guardian	Signature of the Candidate
Aadhar Number:	Aadhar Number:
Place:	Name:
Date:	Address: