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###  Phone: (051) 9047422,421, Fax: (051)9047420

**Dues & Scholarship Section**

**UNDERTAKING PERFORMA FOR COMMUNITY/SOCIAL WELFARE SERVICES**

I will give Community/Social Warfare Services to this University as & when decided for a period of latest 04 to 06 Month in Year of Scholarship/Fee Concession Awarded, otherwise my Scholarship/Fee Concession may please be cancelled.

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**Signature of Scholarship Holder**

Name of Student (Scholarship Holder): ---------------------------------------------------------

Registration No.: --------------------------------------------------------------------------------------

Cell No.:--------------------------------------------------------------------------------------------------

Email: ----------------------------------------------------------------------------------------------------

Room No. if Resident: --------------------------------------------------------------------------------