

OFFICE OF THE PRINCIPAL

MARGHERITA COLLEGE

(THE SPIRIT OF QUALITY AND EXCELLENCE)

Regd. No. 2094 of 1991-92 P.O. MARGHERITA – 786181 DIST. TINSUKIA (ASSAM)

Email: mrgcollege@gmail.com

(RE-ACCREDITED THIRD CYCLE BY NAAC)

Ref. No.MC/Notifi./36(10)/25/131

Date- 27-11-2025

NOTICE

All students applying for the Chief Minister's Jibon Prerana Scheme, 2025 are hereby informed that they must submit a duly signed Undertaking/Self-Declaration form for the purpose of verifying their documents.

The undertaking/self-declaration form is mandatory for processing your application under the scheme. Students are instructed to:

- * Carefully fill out the undertaking/self-declaration form.
- * Ensure that all information provided is true and correct to the best of their knowledge:
- * Submit the completed undertaking to the concerned office on or before 5th December, 2025.

Failure to submit the undertaking within the stipulated time may result in delay in the verification of documents and subsequent benefits under the scheme.

For any queries, students may contact the office during working hours.

(Dr. A. Kakoty)

Margherita College

rgherita.

UNDERTAKING / SELF-DECLARATION FORM

(For Students)

I, (Name of the Applicant), Son/Daughter of, Resident of, do hereby
solemnly affirm and declare that:
1. I am a permanent resident of Assam
2. I am not a beneficiary of the Mukhya Mantrir Nijut Moina Scheme.
3. I am not enrolled in any Professional or Vocational course.
4. Neither of my parents is a public office holder, government employee, or pensioner.
5. My parents are not registered as contractors.
6. I am not employed.
7. My family does not belong to a professional background with an annual income exceeding Rs. 10 lakhs.
8. Neither of my parents is employed in public offices, such as MLAs, MPs, or Ministers.
9. I am applying for the Chief Minister's Jibon Prerana Scheme 2025 and I fully understand the eligibility conditions of the scheme.
I hereby declare that all the information furnished above is true and correct to the best of my knowledge and belief. I understand that if any information is found to be false or misleading, my application may be rejected and I may be held liable for any consequences as per rules.
Signature of the Applicant:
Name of the Applicant:
Date:
Place:
Ph.No
Application No./ID_