

[Rs. 20/- Stamp Paper]

FAMILY AND INCOME AFFIDAVIT

I, _____

CNIC # _____, Son of _____

CNIC # _____, Resident of _____

solemnly declare that the monthly income of my *family is Rs. _____ and the number of my family member is _____.

It is solemnly affirmed that all the information provided by me in all related documents is correct. If any information provided is found to be untrue, I shall be liable to any disciplinary action including rejection or cancellation of Scholarship / Financial Assistance by National Testing Service Need-based Scholarship Program.

**Family: Definition of family as provided in the application form for NTS Need based Scholarship Program.*