AFFIDAVIT

[Applicant Name and CNIC]

[Applicant Address]

[City, Postal Code]

To Whom It May Concern:

- I, [Applicant Name], son/daughter of [Father's Name], CNIC Numberresident of [Applicant Address], do hereby solemnly affirm and declare as follows:
 - I hereby declare that all the information provided in my application for the Honhaar Undergraduate Scholarship Program is true, accurate, and complete to the best of my knowledge and belief.
 - 2. I confirm that my monthly family income does not exceed;
 - PKR 350,000 (Pakistani Rupees Three Hundred and Fifty Thousand) for Public Sector HEIs (Incase student is enrolled in Public sector Universities, HED Colleges and Medical & Dental Colleges).
 - PKR 500,000 (Pakistani Rupees Five Hundred Thousand) (Incase student is enrolled in Federal / Private sector HEIs).

I make this affidavit in good faith and understand that any false information or misrepresentation may lead to disqualification from the Honhaar Undergraduate Scholarship Program and legal action.

Deponent
[Applicant Name]
[Signature of Deponent]

Witnessed by: [Witness's Name] [Witness's Address] [Witness's CNIC Number] [Signature of Witness]

[Date]

[Place]