Undertaking by Parent

I/We(Father/Mother/Guardian) of Mshave
understood the terms and conditions of the Udaan program and agree to abide by them. I also
understand that as part of this program my daughter will be required to attend contact classes on
the weekend at a centre allotted to her. I/We will support her in attending these classes. I/We
promise to support my/our daughter for the duration of the program and will ensure that my/our
daughter sincerely participates in the program.
Date:
Signature:
Name:
Mobile:

Verification/Information to be furnished by the Head of the School / Institution

It is	certified	that	the	information	furnished	in	the	above	mentioned	columns	by
Ms.						• • • • • •			D/O	Shri/	Smt
					who	o is	study	ing in	class XI for	the acade	emic
sessio	n 2016-17	in								Sch	nool
are co	rrect. I hav	e pers	onally	verified the p	particulars o	f the	e cano	didate fr	om the availa	ıble record	ls in
the sc	hool and th	ne cert	ificate	e issued by th	e concerne	d go	vernn	nent aut	horities. The	candidate	is a
bonafi	de student	of the	e sch	ool and fulfils	the minim	um e	eligibi	lity crite	ria for the se	election un	nder
Udaan	program.										
Date:											
Signat	ure of the F	Principa	al:								
Name	of the Prin	cipal:									
Stamp	of the Scho	ool:									
Mobile	e Number:										

Verification/Information to be furnished by the City Coordinator

It is certified that the application form submitted by Ms.	
D/O Shri/Smt is duly verified by the Principal of the	
concerned school along with the required enclosures as per the eligibility criteria.	
Date:	
Centre Name:	
Signature:	
Name:	
Mobile Number:	

е

Received the application number	Acknowledgement Receipt of ap	
Date:	Received the application number	of Ms
Centre Name: Signature: Name of the City Coordinator: Stamp of the School:	D/O Shri/Smt	at the centre
Centre Name: Signature: Name of the City Coordinator: Stamp of the School:		
Signature:	Date:	
Signature:	Centre Name	
Name of the City Coordinator: Stamp of the School:	centre Name.	
Stamp of the School:	Signature:	
Stamp of the School:		
	Name of the City Coordinator:	······································
Contact Number:	Stamp of the School:	
Contact Number:		
	Contact Number:	