Time Bound
Personal Attention

No.EDN-HE(10)F(10)01/2025
Directorate of Higher Education,
Himachal Pradesh, Shimla-1
Tel. No. 2653120, Fax:-2812882, Email.dhe-sml-hp@gov.in, nsphpsml@gmail.com

Dated Shimla-1 the 16th December,2025

To

The Registrar / Principal,
All the Private Universities / Colleges / other Educational Institutions,
Within and Outside of Himachal Pradesh
(Where bonafide Himachali Students are studying and claiming scholarships from the state of H.P.)

Subject:- **Submission of Verified List of Students under various Centrally Sponsored Post-Matric Scholarship Schemes alongwith Affidavit on behalf of Registrar/ Head of Institute, Approval of Courses and Intake of Seats for the Academic Session 2023-24, reg.**

Sir,

On the above cited subject, Heads of all the Private Educational Institute i.e. Private Universities / Colleges / other Institutes, within and Outside of Himachal Pradesh, where bonafide Himachali Students are studying and claiming scholarships from the state of H.P., are requested to ensure to provide the scheme wise verified list of students under various centrally sponsored scholarship schemes of the Academic Year 2025-26 to this Directorate within three days after the last date of verification of scholarship applications i.e. 16-12-2025. Further, an Affidavits on behalf of Vice-Chancellor/ Registrar/ Principal of respective University/ College, which must be attested by the 1st Class Magistrate alogwith approved fee structure and intake of seats, may also be provided alongwith verified list. The specimen copy of Affidavit for the Academic Year 2025-26 is enclosed herewith for the information of all concerned, please.

This may be given personal attention and top priority, please.

Encls.:-01

(Dr. Amarjeet K. Sharma),
Director of Higher Education,
Himachal Pradesh

Endst. No. Even Dated Shimla-1 the 16th December,2025

Copy for information and necessary action is forwarded to:-

1. The Technical Officer, IT Cell, with the direction to upload this letter on the Departmental website.
2. Guard file.

शिक्षा निदेशालय उच्चतर हिo प्र०
17 DEC 2025
शिमला–1

Director of Higher Education,
Himachal Pradesh

AFFIDAVIT

(To be finished by the Private Institutions and which must be attested by the 1st Class Magistrate of the area).

I,_____Son/Daughter of Sh._____ age years (address) presently posted as (designation) at (Name of the University/ Pvt. College/ Educational Institution) solemnly affirm and declare on oath as under:-

1. That the information furnished by the Pvt. University/ Pvt. College regarding verification of the students through online on National Scholarship Portal i.e. Fees, Academic Allowance and all the other documents of the students concerned (i.e. Income Certificate, Category Certificate, Bonafide Himachali Certificate, Previous Class Passed Exams Certificate etc.) are correct and duly checked and verified by me.
2. That all _____newly admitted Students whose applications have been uploaded on National Scholarship Portal for scholarship under PMS SC/ST/OBC are regularly studying and bonafide students of this University/ Pvt. College/ Educational Institution during the academic year _____.
3. That all _____ Students whose applications have been uploaded on National Scholarship Portal for the renewal of scholarship under PMS SC/ST/OBC are regularly studying and bonafide students of this University/ Pvt. College/ Educational Institution during the current academic session _____.
4. That all the verified documents of _____students for awarding the scholarship under PMS SC/ST/OBC are done under my supervision by the University/ College/ Educational Institutional Scholarship Committee from the Original documents of the students. If any discrepancy will be found form claiming the scholarship of the student(s), I will be fully responsible for this.
5. That I am fully responsible for verifying and submitting of all the claims for scholarship amount i.e Academic Allowance and fee rates as applicable for course/programme of study etc. as has been approved by the competent authority. If the fee verified by me proved wrong by the Department of Higher Education /during the Audit, in that case, all the amount of the Scholarship disbursed to the students will be recovered from me/University/ College/ Educational Institution.
6. That the bank account of the students is being operated by the student himself/ herself and not by me/ University/ College/ Educational Institution.
7. That my Institution is claiming scholarship only for the allotted seats for the SC/ST/OBC students which are approved by the competent authority(s).
8. That all the courses which are running in my University/ College/ Educational Institutions, are approved by the competent authority for the academic year _____. All the applicants of scholarship scheme (s) are pursing courses as approved by competent authority for academic year _____ **(Copies of all the approved courses, intake of seats and approved fee structure of the relevant year(s) may be attached with affidavit).**
9. That there are no left out students who are eligible for claiming the scholarship under the SC/ST/OBC Scholarship Schemes in our University/ College/ Educational Institution.
10. That any objection(s) raised by the Department of Higher Education regarding claiming of scholarship by the student's, all the necessary documents will be provided by me/University/ College/ Educational Institutions within stipulated period.

11. That in compliance to the Judgment/ Orders delivered by the Hon'ble High Court of Himachal Pradesh in CWP No. 15/2020 titled Bharat Bhushan Vs Indus International University, Una & ors, original documents of any students have not been withheld by the University/ College/ Educational Institution and orders of the Hon'ble High Court have been adhered in true letter & spirit.
12. That AISHE/ UDISE Code of the Institution is_____ and my contact number is _____ and contact number of INO is_____.
13. That I am competent to sworn this affidavit on behalf of University/ College/ Educational Institution.

Deponent

Verification:-

Verified that the contents of my above affidavit are true and correct to the best of my knowledge, belief and derived from the record no part of the same is false or concealed there from.

Verified and signed on this day of Year at Deponent