KANAK NAND KISHORE COLLEGE OF NATUROPATHY & YOGIC SCIENCES

Est. under the aegis of Maharaja Agrasen Naturopathy & Yoga Sadhana Research Trust (Reg.)
Approved by Ministry of AYUSH, Delhi
Affiliated to Shri Lal Bahadur Shastri National Sanskrit University (Central University) New Delhi. Accredited A++ (NAAC)
Main Palla Road, Bakhtawarpur , Delhi -110036

STUDENT UNDERTAKING FOR SCHOLARSHIP

Academic Session: 2026–2027

Bachelor of Naturopathy & Yogic Sciences (BNYS – 5½ Years)

(To be submitted at the time of counselling/admission)

I,_____son/daughter of _____enrolled in the BNYS program at Kanak Nand Kishore College of Naturopathy and Yogic Sciences, hereby declare and undertake the following in connection with the scholarship refund/disbursal due to for the academic year2025–26:

- That I am not receiving and have not received any other financial aid, fee reimbursement, government scholarship, private scholarship, CSR grant, NGO support, or any external sponsorship for my education from any third-party individual, organization, or institution.
- I understand and agree that the KNK Scholarship is subject to a "no overlapping scholarship" policy, and if it is found that I have received any other aid, the scholarship amount disbursed to me will be refunded by me immediately to the college, and disciplinary action may be initiated.
- That I undertake to inform the college immediately in writing if I receive any such external financial support at any point during my BNYS program.
- I am submitting this undertaking as a condition to receive the year-end scholarship refund or disbursal as per the policy laid down by KNK College.

I confirm that my Class 12th marks used for scholarship eligibility are from a recognized Indian education board (CBSE, ICSE, NIOS, or any State Board) and I have submitted valid supporting documents.

Date:_____ Place: _____

Student Name:_____

Roll Number / Admission ID:_____

Signature of Student:_____

Contact Number:_____

Aadhaar Number:_____

College Verification (For Office Use Only)

Verified by: (Accounts/Scholarship Officer):_____

Signature:_____

Date:_____

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