CERTIFICATE OF UNDERTAKING WILLINGNESS/UNWILLINGNESS BY CANDIDATE FOR ADMISSON IN OFFLINE COUNSELLING

| 1. I,(candidate name) | | | | _s/o/d/o_ having AISSEE-2024 | | | |
|--|------------------|-----------|-----------------|------------------------------|-----------------|-------|--------|
| application no | | | | ,is(| willing | unwil | lling) |
| | to | take | admission | | | | |
| | | | in | Class | VI | / | IX |
| | Foi | r AY 2024 | 1-25. | | | | |
| | | | | | | | |
| 2. Since, I am willing to join (school r | name) | | | | عاد ا | o her | rahv |
| declare that, I have not given my willi | | | | | | | |
| • | - | | | | | | |
| (school name) | | | | tnat, I wou | ıla no I | onge | r be |
| able to apply for any other Sainik Scho | ool / New Sainik | School in | n AY 2024-25. | | | | |
| (Please strike off para 2, in case of | unwilling candi | idate) | | | | | |
| , | 3 | , | | | | | |
| | | | | | | | |
| | | | | | | | |
| (Signature of Candidate) | | | (Signature of P | arent/Guar | dian) | | |
| Date: | | | Date: | | | | |
| Place: | | | Place: | | | | |