

# Lovely Professional University, Punjab

[Undertaking to be submitted by applicant after getting confirmation for scholarship benefits of Education Board Toppers Scheme]

## Annexure-I: Undertaking for Continuation Conditions of Education Board Toppers Scholarship Scheme

To,

The Project Head, Division of Admissions,  
Lovely Professional University,  
Phagwara (Punjab)

Subject: Undertaking to avail of benefits of scholarship scheme for toppers of education board 2021-2022.

Declaration by the candidate:

I \_\_\_\_\_ S/o/D/o \_\_\_\_\_

R/o \_\_\_\_\_

seeking admission in programme \_\_\_\_\_ (Prog. Code and Programme Name) with Provisional Registration No. \_\_\_\_\_ (if admission already taken), do hereby solemnly affirm and undertake that I have read and understood the condition of continuation of scholarship (university website/ prospectus). I accept the conditions for continuation of scholarship and agree to abide by all the terms and conditions enforced by the University from time to time.

**Condition(s) for continuation of scholarship are as follows:** The student shall maintain a CGPA of 8.00 (or 80% marks in marks-based programmes) in first year (first two semesters); 8.5 CGPA (i.e. 85% marks) in second year and 9.0 CGPA (i.e. 81% marks) in third year. In case the CGPA falls below the prescribed limit, the special scholarship will be withdrawn, and normal scholarship will be applicable in successive years as per the qualifying marks in eligibility qualification or any other criteria as normally applicable. The special scholarship (full Programme Fee waiver) will not be continued again on attaining required condition in the subsequent semester(s). Result / CGPA declared till the last date of payment of fee (without late fee) will be considered for deciding continuation of scholarship for the next term(s).

\_\_\_\_\_  
Signature of the candidate

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the Parent/Guardian

Date: \_\_\_\_\_

(Counter signature of the Parent or Guardian in case candidate is minor i.e. below the age of 18 yrs.)

### For Office Use

Name of Officer, Division of Admissions, LPU: \_\_\_\_\_; UID: \_\_\_\_\_

Remarks (if any) : \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_