



FINANCIAL ASSURANCE FORM

(to be filled by the Applicant)

I, _____, the undersigned hereby declare that I am aware of the fee structure of ETS-ACA and I will be paying the fees at the account section without fail.

The mode of payment shall be (Tick the appropriate):

- Cash
- Cheque
- NEFT/IMPS/UPI
- DD
- Other (specify) _____

I would like to clear my financial commitment (Tick the appropriate):

- On every month
- Beginning of each semester
- For the entire academic year

I am

- Self-supported
- Supported by church/organization/institution/Government/NGO
- Sponsored by an individual

PS: Please produce a financial guarantee letter from your sponsor/supporter.

Declaration: I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Name..... Sign.....

Date.....