

PANJAB UNIVERSITY, CHANDIGARH

APPLICATION FORM FOR GRANT OF FINANCIAL ASSISTANCE OUT OF PANJAB UNIVERSITY STUDENT AID FUND UNDER RULES GIVEN AT PAGE 290 OF P.U. CAL., VOL.III, 2005.

- Note.— 1. The Heads of the Departments are to forward the applications after due scrutiny with their comments, by the 15th of September. No application received after this date will be entertained.
2. The Students getting any fee concession/Scholarship/Stipend/Financial assistance from any other source are not eligible to receive assistance out of Students Aid Fund.

1. Name of the Applicant.....
2. Name of the Department..... Class..... Roll No.
3. Father's name with address
Father's occupation/Designation (if employed, Deptt.)
.....
Monthly Income Rs.....
4. Mother's name with address
Mother's occupation/Designation (if employed, Deptt.).....
.....
.Monthly Income Rs.....
5. Total family income per month from all sources.....
(Authentic Proof to be attached)

Details of the family member:-

	Number	Age	Self Supporting	Class/School
Brothers				
Sisters				
Other Dependent				

6. Amenities already being availed
 - (i) Scholarships/Stipend/Financial Assistance (if any).....
 - (ii) Fee Concession (if any).....

CERTIFICATE
(To be signed by the student)

I hereby solemnly declare that the particulars given by me in the application are correct to the best of my knowledge and belief.

I further declare that I will intimate the Department/University, if I am granted any Scholarship/Stipend and Fee Concession after the submission of this application.

Signature of the applicant
With date.

CERTIFICATE
(To be signed by the Chairman of the deptt.)

Certified that the particulars filled in by the student have been verified from the admission form of the student and other record of the Department and found correct.

Signature of the Deptt. Official

Recommendation of the Head of the Department after interviewing the applicant.

Signature of the Head of the Deptt.
with office stamp