**Indira Gandhi Delhi Technical University for Women**

(formerly Indira Gandhi Institute Of Technology)

Kashmere Gate, Delhi-110006

**APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER EWS SCHEME**

(to be filled in Block Letters)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **PART-I** | **PASTE** |  |
|  |  | **RECENT** |  |
|  |  | **(Personal Information)** |  |
|  |  | **PASSPORT** |  |
|  |  |  |  |

1. Name of the Student : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Permanent Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Correspondence Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Contact No. : (M) (Tel)
5. Name of the Programme : Current Semester:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name and Address of the Institute : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. University Enrolment Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Whether ever penalized for adopting Unfair Means in the Examination of the University (Yes/No) : \_\_\_\_\_\_\_\_
4. Have you received financial assistance under EWS Scheme from this University in the last year : Yes/ No
   1. If yes, please mention the amount received :(Rs.\_\_\_\_\_\_\_\_\_), in words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Bank Account Details (the bank account must be in the name of applicant):
   1. Bank Account No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. Name & Address of Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. IFSC code: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. Educational Qualification (including marks of semester examination last appeared)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S.No.** | **Qualification** | **Board/** | **Name & Address of** | **Year of** | **Division** | **%age/** |
|  |  | **University** | **School / College** | **Passing** |  | **CPI**\* |
|  |  |  |  |  |  |  |
| 1 | 10th |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 2 | 12th |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 3 | Graduation |  |  |  |  |  |
|  | (Mention the result |  |  |  |  |  |
|  | semester wise) |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 4 | Any other |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**PART-II**

**(Information for assessment of Financial Assistance)**

**Note:-Information should be filled up by the Applicant in column (B)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Remarks** | **of** | **the** |
| **No** |  | **PARTICULARS FOR ASSESSMENT OF ECONOMIC CONDITION OF FAMILY** | | | | | | | | | | | | | | **committee** | **member** | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **at the** | **time** | **of** |
| **(A)** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **interview** |  |  |
|  |  |  |  |  |  |  | **(B)** | |  |  |  |  |  |  | **(C)** | |  |
| 1 |  |  | **FAMILY ANNUAL INCOME** | | | |  |  |  | Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/- | | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | (as per certificate issued by the SDM) | | | | | |  |  |  |
|  |  |  | |  | |  | |  |  | |  |  |  |  |  |  |  |  |
| 2 |  | **DETAILS OF FATHER/GUARDIAN/MOTHER** | | | | | | | | | | |  |  |  |  |  |  |
|  |  | **(Please tick)** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | **[ ] FATHER** | **/** |  | **[** | **] GUARDIAN** | | | | |  |  |  |  |  |  |
|  |  | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |  |  |
|  |  | Qualification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |  |  |
|  |  | Name & Address of Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |  |  |  |
|  |  | Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/if retired, Monthly Pension (Rs.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |  |  |
|  |  | **(In case Father passed away, enclose a copy of death certificate)** | | | | | | | | | | | |  |  |  |  |  |
| 3 |  |  |  |  |  |  | **MOTHER** | | | | | |  |  |  |  |  |  |
|  |  | Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |  |  |
|  |  | Qualification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |  |  |
|  |  | Name & Address of Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |  |  |  |
|  |  | Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/if retired, Monthly Pension (Rs.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |  |  |
|  |  | **(In case Mother passed away, enclose a copy of death certificate)** | | | | | | | | | | | |  |  |  |  |  |
|  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | **A. DETAILS OF SIBLINGS** | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  |  | **S.** |  | **Name** |  |  | **Age** | **Studying** | |  | **Material** | | **If studying, mention** | **Annual** | |  |  |  |
|  |  | **No** |  |  |  |  |  | **OR** | |  | **Status** | | **School Name &** | **Income,** | |  |  |  |
|  |  |  |  |  |  |  |  | **Working** | |  |  |  | **Annual Fee** | **if working** | |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  | |  | |  | | |  |  |  |  |  |  |  |  |
|  |  | **(In case siblings are studying, enclose a copy of fee receipt issued by the school/institute)** | | | | | | | | | | | | | |  |  |  |
|  |  |  | | | | | | | |  |  |  |  | |  |  |  |  |
|  |  |  | | | | | | | |  |  |  |  |  |  |  |  |  |
| 5 | **A. DETAILS OF DEPENDENTS IN FAMILY** | | | | | | | | |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | **S.** |  | **Name** |  |  |  |  |  |  |  | **Age** | **Relationship** |  |  |  |  |  |
|  |  | **No** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 1. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3. | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  | | | | | | | |  |  |  |  |  |  |  |
|  |  | **B. DETAILS OF HEALTH OF FAMILY MEMBERS** | | | | | | | | | | |  |  |  |  |  |  |
|  |  | (if any member is patient of Critical Diseases like heart, kidney, liver or any other, mention | | | | | | | | | | | | | |  |  |  |
|  |  | the details and attach their medical report) | | | | | |  |  |  |  |  |  |  |  |  |  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 6 | **A. STATUS OF** | | **FAMILY** | | | | **BACKGROUND,** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
|  | **INCOME SOURCES AND PATTERN OF** | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
|  | **LIVELIHOOD** | |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
|  |  |  |  |  |  |  |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |  |
|  |  |  | |  | |  | |  |  |  |  |  |  |  |  |
|  | **B. DETAILS OF LOCALITY & ACCOMMODATION** | | | | | | | | | | |  |  |  |  |
|  | a. | Name of locality of accommodation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
|  | b. | Nature of accommodation Rented or owned:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
|  | c. Total Plot Area of House (Sq mtr.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |
|  | d. | Total carpet area of Flat / Floor (Sq mtr.):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
|  | e. | If any floor given on rent? If Yes, mention the monthly rent: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
|  | f. | Is there any shop in house? if yes, details of business running & monthly income : | | | | | | | | | | | | |  |
|  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |
|  | **C. DETAILS OF PROPERTY** | | | | | |  |  |  |  |  |  |  |  |  |
|  | a. Agricultural land (Mention the area size and city): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
|  | b. | Any other immovable | | | property of family:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |  |
|  |  |  | |  | |  | |  | |  |  |  |  |  |  |
| 7 | **DETAILS OF SCHOOL/COLLEGE OF APPLICANT** | | | | | | | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **S.** | **Class** |  | **%** | **of** |  | **Name** | | **of** | **Govt.** |  | **If** |  | **admitted** |  |
|  | **No.** |  |  | **marks** | |  | **School/College** | |  | **/Pvt.** |  | **through** | | **EWS** |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **Quota** |  | **(proof of** |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **EWS quota should be** | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | **attached)** | |  |  |
|  | 1. | Xth |  | **`** |  |  |  |  |  |  |  |  |  |  |  |
|  | 2. | XIIth |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 3. | Graduation |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | (% semester |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | wise) |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | |  | |  | |  | |  |  | |  |  |  |
| 8 | **DETAIL OF ANY OTHER SCHOLARSHIP/FINANCIAL ASSISTANCE** | | | | | | | | | | | | |  |  |
|  |  |  | | | | | |  | | | |  |  | |  |
|  | **S.** | **Name & Address of the Organization** | | | | | | **Amount of Monthly/** | | | |  | **Period of** | |  |
|  | **No.** |  |  |  |  |  |  | **Annually Assistance Received** | | | | | **Assistance** | |  |
|  | 1. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 2. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | | | | | |  | | | |  |  |  |  |
|  | **Any other relevant information for requirement of financial assistance** | | | | | | | | | | |  |  |  |  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |  |
|  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**\* Note- Applicant may enclose documentary proof, if any, for justifying their economic condition and financial requirement of family.**

**UNDERTAKING**

“I hereby declare that the above mentioned information furnished by me is true and correct to the best of my knowledge and belief. If any information provided in the application form is found incorrect at any stage or if it is found that I had failed in any one or more of the subject of the University examinations on the last date of submission of application or otherwise was ineligible to be considered for financial assistance under this scheme, my application may be rejected and amount, if any, received by me from the University shall be refunded along with penalty, as decided by the University. This is without prejudice to other disciplinary and other legal measures with the University may take besides the refund of the financial assistance received.”

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Student** **Signature of Parents/Guardian**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART- III** **- CHECKLIST & CERTIFICATION**

**\*Note: All the columns of checklist should be verified by the faculty co-ordinator and certified by the Head of the Department**

**Name of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Enrollment No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Programme:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Semester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl** | **Details of the documents (All the documents should be attached alongwith the** | **Status of Documents** | |
| **No.** | **application form)** |  |  |
|  |  |  |  |
| 1 | A copy of **BPL Ration Card/AAY Ration Card** (the name of student should be |  | YES/NO |
|  | mentioned on the Ration Card). |  |  |
|  | **OR** |  |  |
|  | **Income Certificate issued by the Area SDM** or other officer authorized in this |  |  |
|  | behalf by the Revenue Department of the Government. The date of issue of Income |  | YES/NO |
|  | Certificate should not be more than 1 year prior to the date of issue of this notice. |  |  |
|  |  |  |  |
| 3 | **Back paper** or failed in any previous semesters’ exam. |  | YES/NO |
|  |  |  | |
| 4 | Copy of **all previous semesters’ Marksheets** for which results have been declared. | Tick the Semester which marksheet has | |
|  |  | been enclosed. |  |
|  |  | 1st Semester | 6th Semester |
|  |  | 2nd Semester | 7th Semester |
|  |  | 3rd Semester | 8th Semester |
|  |  | 4th Semester | 9th Semester |
|  |  | 5th Semester | 10th Semester |
| 5 | Attested copy of **10th** **& 12th** **Marksheet** |  | YES/NO |
| 6 | **Total Fee paid by the applicant for the current academic year (Security or any** | Fee Receipt No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | **other refundable amount should not be included alongwith total fee)** | Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | All Fee Receipts issued by the institute/ University should be enclosed. | Amount (Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |
|  |  | In words:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |  |
| 7 | Copy of **cancelled cheque and Pass Book of the Saving Bank Account**. (Name of |  | YES/NO |
|  | student, Bank account number and IFSC code should be mentioned on the cheque |  |  |
|  | /Pass Book and highlighted) |  |  |
|  |  |  |  |
| 8 | **Affidavit** attested by notary as per prescribed format |  | YES/NO |
|  |  |  |  |
| 9 | In case the application is rejected, the reasons for such rejection |  |  |
|  |  |  |  |

**Verified by:**

**(Name , Designation and signatures of the members of the Department level Committee)**

**CERTIFICATION/RECOMMENDATION**

**It is certified that:**

1. the student fulfills all the eligibility criteria as laid down in the guidelines for financial assistance under EWS Scheme of the University.
2. all the requisite certificates & documents attached with this application have been verified from the records available in the office.
3. the applicant has not been detained in any semester examination of the course due to shortage of attendance.
4. the applicant has not been penalized for any act of indiscipline during the course.
5. the student is availing financial assistance/scholarship of amount of Rs.\_\_\_\_\_\_\_\_/- from any sources Govt. or otherwise as per the office record. (if not availing any financial assistance mention **Nil** against the amount)
6. all the information furnished by the student in the application form is true to the best of my knowledge.

**It is verified that the applicant belongs to an economically weak family. This application is being forwarded for consideration for grant of financial assistance under the Scheme of EWS.**

**In case applicant is not recommended for grant of financial assistance, reasons thereof should be mentioned here:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature & Full Name**

**Head of the Department**

**(Please ensure that all the aforesaid information have been verified from the office records )**

**PART- IV**

**Format for Affidavit**

(On Non-Judicial Stamp Paper of Rs. 10/- duly attested by Notary Public)

I/My ward\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the candidate), Daughter/Wife of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Father’s/Husband’s Name) Resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Permanent address) seeking grant of financial assistance under the EWS Scheme of the IGDTUW, hereby solemnly affirm and declare

1. That the total Annual Income of my family from all sources is not more than Rs. 3,00,000/-

1. That the applicant is availing financial assistance/scholarship of amount of Rs. \_\_\_\_\_\_\_\_for academic purposes from any sources Govt. or otherwise. (if not availing any financial assistance mention **Nil** against the amount)
2. That the applicant does not have the status of failure in any subjects of any semester(s) on the date of swearing of this affidavit.
3. That the applicant fulfills all the eligibility conditions notified in the guideline for grant of financial assistance under the Economically Weaker Section (EWS) Scheme of the IGDTUW.
4. I understand that, submission of false affidavit is a punishable offence. If it is found at any stage that false affidavit was submitted, my/my ward’s admission shall be cancelled and legal proceedings shall be initiated.

**Deponent**

**VERIFICATION:**

Verified at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_on this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_2016 that the contents of the above Affidavit are true and correct to the best of my knowledge and belief. No part of it is false and nothing material has been concealed therefrom.

**Deponent**

**Note:**

In case the candidate is minor i.e. below 18 years of age; in that case, the affidavit shall be signed by her parent/guardian.