



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
(Personal Information)

**PASTE
RECENT
PASSPORT**

1. Name of the Student : _____
2. Permanent Address : _____
3. Correspondence Address : _____
4. Contact No. : (M) _____ (Tel) _____
5. Name of the Programme : _____ Current Semester: _____
6. Name and Address of the Institute : _____
7. University Enrolment Number : _____
8. Whether ever penalized for adopting Unfair Means in the Examination of the University (Yes/No) : _____
9. Have you received financial assistance under EWS Scheme from this University in the last year : Yes/ No
a. If yes, please mention the amount received :(Rs. _____), in words _____
10. Bank Account Details (the bank account must be in the name of applicant):
a. Bank Account No. _____
b. Name & Address of Bank _____
c. IFSC code: _____

11. Educational Qualification (including marks of semester examination last appeared)

S.No.	Qualification	Board/ University	Name & Address of School / College	Year of Passing	Division	%age/ CPI*
1	10 th					
2	12 th					
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 No (A)	PARTICULARS FOR ASSESSMENT OF ECONOMIC CONDITION OF FAMILY (B)	Remarks of the committee member at the time of interview (C)																												
1	FAMILY ANNUAL INCOME Rs. _____/- (as per certificate issued by the SDM)																													
2	DETAILS OF FATHER/GUARDIAN/MOTHER (Please tick) <input type="checkbox"/> FATHER / <input type="checkbox"/> 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 <table border="1"><thead><tr><th>S. No</th><th>Name</th><th>Age</th><th>Studying OR Working</th><th>Material Status</th><th>If studying, mention School Name & Annual Fee</th><th>Annual Income, if working</th></tr></thead><tbody><tr><td>1.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table> (In case siblings are studying, enclose a copy of fee receipt issued by the school/institute)	S. No	Name	Age	Studying OR Working	Material Status	If studying, mention School Name & Annual Fee	Annual Income, if working	1.							2.							3.							
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2.																														
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5	A. DETAILS OF DEPENDENTS IN FAMILY <table border="1"><thead><tr><th>S. No</th><th>Name</th><th>Age</th><th>Relationship</th></tr></thead><tbody><tr><td>1.</td><td></td><td></td><td></td></tr><tr><td>2.</td><td></td><td></td><td></td></tr><tr><td>3.</td><td></td><td></td><td></td></tr></tbody></table> 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) _____	S. No	Name	Age	Relationship	1.				2.				3.																
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2.																														
3.																														

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. No.	Class	% of marks	Name of School/College	Govt. /Pvt.	If admitted through EWS Quota (proof of EWS quota should be attached)
	1.	X th	`			
	2.	XII th				
	3.	Graduation (% semester wise)				
8	DETAIL OF ANY OTHER SCHOLARSHIP/FINANCIAL ASSISTANCE					
	S. No.	Name & Address of the Organization	Amount of Monthly/ Annually Assistance Received		Period of 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 No.	Details of the documents (All the documents should be attached alongwith the application form)	Status of Documents
1	A copy of BPL Ration Card/AAY Ration Card (the name of student should be mentioned on the Ration Card). <p align="center">OR</p> 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 Certificate should not be more than 1 year prior to the date of issue of this notice.	YES/NO YES/NO
3	Back paper or failed in any previous semesters' exam.	YES/NO
4	Copy of all previous semesters' Marksheet for which results have been declared.	Tick the Semester which marksheet has been enclosed. 1 st Semester 6 th Semester 2 nd Semester 7 th Semester 3 rd Semester 8 th Semester 4 th Semester 9 th Semester 5 th Semester 10 th 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 other refundable amount should not be included alongwith total fee) All Fee Receipts issued by the institute/ University should be enclosed.	Fee Receipt No. _____ Date _____ Amount (Rs. _____) In words: _____
7	Copy of cancelled cheque and Pass Book of the Saving Bank Account . (Name of student, Bank account number and IFSC code should be mentioned on the cheque /Pass Book and highlighted)	YES/NO
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/-
2. 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)
3. 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.
4. 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.
5. 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.