CENTRAL UNIVERSITY OF SOUTH BIHAR

APPLICATION FORM FOR FINANCIAL ASSISTANCE (OTANG) STUDENTS

Name:	Enrollment Number:	Program & Session:
Dept./Centre:	Category(Gen/OBC/SC/ST):	Period for scholarship applied:

Physical disability type (Orthopedic/Blind/Deaf/Mute etc.) and percentage (40% or more) (Enclose certificate issued by the Competent Medical Authority of the University):

Gross Annual Income from all sources (Enclose valid Income Certificate for the period January to December of the preceding year issued by the Competent Authority in prescribed proforma):

Any Financial Assistance/Scholarship Availed/Availing(If Yes, provide the details):

Semester/ Exam	Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6	Sem 7	Sem 8	Sem 9	Sem 10
GPA										

Father's Name **Present Address:**

Contact No: **Email:**

Claimant Aadhar linked Bank details

Account Holder: **A/c No:**

Bank & Branch: **IFSC & MICR:**

I hereby undertake that I am eligible applicant to get the scholarship as per the University norms/order. I am not receiving any other scholarship/financial assistance from any other sources. Certified that the above information is true to my knowledge. If I get any scholarship from any other source in future for the same period, I would refund the entire amount received by me.

Date: **Signature of the Claimant**

Recommendation of Dean,/ HOD/In-Charge:

Signature with Seal

FOR OFFICE USE ONLY (ACADEMIC SECTION)

Relevant Monthly Attendance Records as per the claim

Name of the Month						
Attendance (%)						

Remarks, if any:

Prepared & Checked By: **Verified By:**

Signature with Date :- Signature with Date :-

Full Name :- Full Name :-

Designation:- Designation:-

Claimant completed the year/ semester with GPA..... for claimed period

Checked By(Sign with date): Verified By(Sign with date):

Name& Designation: Name & Designation:

To, Dy. Registrar (Dev)/ Asst. Registrar (Dev):