

## CENTRAL UNIVERSITY OF SOUTH BIHAR

### APPLICATION FORM FOR FINANCIAL ASSISTANCE DIVYANG STUDENTS

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

**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 applicants 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).