

CENTRAL UNIVERSITY OF SOUTH BIHAR

APPLICATION FORM FOR EARN WHILE YOU LEARN SCHEME

Name:	Enrollment Number:	Program & Session:	
Dept./Centre:	Category(Gen/OBC /SC/ST) :	Divyang:	Semester:

Any Financial Assistance/Scholarship Availed/Availing(if yes, provide the details):

Application Details: Applying for the Academic year.....

Skill under EWYL:

CUCET/CUSBET/ Semester Exam	Merit List	Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6	Sem 7	Sem 8	Sem 9	Sem 10
Rank/GPA											

Father's Name:	Present Address:
Contact No:	Email:

Claimant Aadhar linked Bank details:

Account Holder:	A/c No-
Bank & Branch:	IFSC & MICR:

I have read instructions regarding Earn While You Learn and the same is acceptable to me. Certified that the above information is true to my knowledge based on available facts and evidences. If any information provided by me in this claim form is subsequently found incorrect/false, I would refund the entire amount received by me. I also undertake to protect the property of the University involved in my working.

Date: _____ **Signature of the Claimant**

Recommendation of Dean/ HOD/In-Charge

Signature with Seal

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

To,

The Chairman,
Scholarship Cell,
Central University of South Bihar

Subject: Request for Resource under Earn While You Learn (EWYL) Scheme

Dear Sir/ Madam,

Please provide resources for the following work under EWYL scheme.

Sl no	Particulars	Details
1	Nature of work	
2	Work to be done on/between	
3	Suggested name from the list	Name: Enroll No: Programme: Deptt/Center: Session: Semester:
4	Suggested Student's Acceptance with signature	
5	Recommendation of the HOD of the suggested student's Department/Center	

It is assured that the work shall be undertaken as per the guidelines of the scheme.

Thanking you.

Yours Sincerely,

Name of the Requisitioner:

Designation:

Department:

Date:

Work Completion and Payment under EWYL Scheme

1. (i) Name of the Student
 (ii) Enrollment No:
 (iii) Name of the Program: Session: Semester:
 (iv) School/Department/Center

2. Name of the School/Deptt/Center/Section where work was done:

3. Name of Controlling Officer/ Requisitioner:

Date	Duration (in Hours)	Signature of Student	Signature of Controlling Officer
	Total Working Hrs:		

This is to certify that the work has been completed to the best of my satisfaction and as per the University norms with respect to EWYL scheme. Payment of total Rs.(@ Rs..... /hrs forhrs) may be made in f/o Mr. /Ms.

Name & Signature of Controlling Officer/ Requisitioner:

Designation:

Date:

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