

SHAHEED BHAGAT SINGH COLLEGE
(UNIVERSITY OF DELHI)

Date: 17.11.2020

N O T I C E

STUDENTS AID FUND : 2020-21

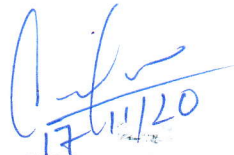
Online Applications are invited from the needy students of the College for getting Financial Assistance from the Students Aid Fund. Only those students whose family income is not more than Rs.1.75 lakh per annum may apply. Students may obtain the **APPLICATION FORM** available on College Website, i.e., www.sbsc.in

Duly filled in forms along with following documents, **self attested**, (scanned copies) must be sent at email ID: **sbscsaidfund2020@gmail.com** by **Monday, 30th November, 2020:**

1. Latest Income Proof (Income Certificate from Competent Authority / employer or BPL Ration Card or any other)
2. Photocopy of cancelled cheque/bank passbook of the student containing Bank Name, IFSC Code, Account Number
3. Photocopy of College I.D. Card
4. Photocopy of Caste Certificate, if any
5. Photocopy of marksheet of previous semester

Disbursement of aid fund will be recommended by the Committee.

Students may note that Affidavit will not be considered for income proof.



(Dr. Vikas Pangtu)
Convener, SAF Committee



(Dr. Anil Sardana)
Principal Offg.

- College Website
- *staff, for circulation among students*

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(UNIVERSITY OF DELHI)**

Paste recent
Photography

APPLICATION FORM FOR STUDENT AID FUND 2020-21

Note: The applicant is required to fill in the forms in his/her own handwriting carefully and correctly. Any statement made in this application, discovered to be incorrect at any time will render the applicant liable to disciplinary action.

1. Name of the applicant (in block letters) : _____
Roll No.: _____ Course/Year : _____
2. Father's Name : _____ Occupation/Designation _____
Income (annually): _____ Education: _____
3. Who is Supporting the Applicant: _____ Relation: _____
Occupation of the Supporter: _____ Occupation/Designation: _____
Total Income including allowances: _____
4. Number of Dependents on supporters: _____
Studying in College: _____ in School: _____ Nowhere: _____
5. Were you enjoying Student Aid Fund in the previous class? If so, state the amount: _____
6. No. of Encls.: _____

Date: _____

Signature of the Applicant

DECLARATION

I hereby declare that the particulars given above are correct to the best of my knowledge and belief.

Date: _____

Signature of the Applicant

RECOMMENDATION OF THE CONVENER, Rs. _____

CONVENER, SAF COMMITTEE

ACTING PRINCIPAL