

**SHAHEED BHAGAT SINGH COLLEGE  
(UNIVERSITY OF DELHI)**

No.SBSC/ 640

Date: 06-08-2024

**N O T I C E**

**STUDENTS AID FUND : 2024-25**

Applications are invited from the needy students of the College for getting Financial Assistance from the Students Aid Fund for the Academic Year 2024-25. Students may obtain the **APPLICATION FORM** available on College Website, i.e., [www.sbsc.in](http://www.sbsc.in)

Duly filled in form along with following documents, **self-attested**, must be submitted to **Mr. Pankaj** at **Counter No.-4** or by email to [studentaidfund@sbs.du.ac.in](mailto:studentaidfund@sbs.du.ac.in) latest by **13<sup>th</sup> August, 2024**:

1. Latest Income Proof {Income Certificate from Competent Authority/salary slip of the parent(s)}
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 Category Certificate (SC/ST/PwBD/EWS/OBC), if any
5. Photocopy of marksheet of previous semester
6. Photocopy of Bank Statement/Passbook of last six months of the parent(s)

Disbursement of aid fund will be recommended by the Committee.

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

**Note:** College reserves the right to sanction the aid depending on the case notwithstanding of the above requirements in consultation with the Competent Authority of the College.



**(Dr. Nitin Punit)**  
Convener, SAF Committee



**(Prof. Arun Kumar Attree)**  
Principal

**Copy to:**

- College Website
- ERP Portal
- A.O. Acts./A.O. Admn./SPA

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Paste recent  
Photography

**APPLICATION FORM FOR STUDENT AID FUND 2024-25**

**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 : \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email ID of the Student: \_\_\_\_\_

2. Father's Name : \_\_\_\_\_ Occupation/Designation \_\_\_\_\_

Income (annually): \_\_\_\_\_ Education: \_\_\_\_\_

3. Who is supporting the Applicant (Father/Mother/Guardian: \_\_\_\_\_ Relation: \_\_\_\_\_

Occupation of the Supporter: \_\_\_\_\_ Occupation/Designation: \_\_\_\_\_

Total Income including allowances: \_\_\_\_\_

4. Number of Dependents on supporters: \_\_\_\_\_

Studying in College: \_\_\_\_\_ in School: \_\_\_\_\_ Nowhere: \_\_\_\_\_

5. Did you receive Student Aid Fund in the previous class/year? If so, state the amount: \_\_\_\_\_

6. Have you received any need based scholarship in the past? If yes, please enclose the details.

7. 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

PRINCIPAL