

APPLICATION FOR GRANT OF FINANCIAL ASSISTANCE TO THE DEPENDENTS, WHICH INCLUDE SONS, DAUGHTERS, HUSBAND AND WIFE AS THE CASE MAY BE OF 'B' & 'C' CLASS UNIVERSITY EMPLOYEES STUDYING IN AFFILIATED/RECOGNIZED COLLEGES/INSTITUTIONS.

Note: Each column should be filled in incomplete form shall not be considered.

1. Name of the employee: _____
2. Designation: _____ 3. Scale of Pay: _____
4. Department/Branch: _____
5. Category (if Class 'B' or 'C') _____
6. Date of Confirmation: _____
7. Name of the student and his/her relationship with the claimant : _____
8. Name of the College where studying: _____
9. Class: _____
10. Whether the course of study is regular day time or evening time course: _____
11. Details of any financial assistance/ Scholarship/fee concession if the Student is in receipt of the same _____
12. Value of financial assistance/ Scholarship/fee concession Rs. _____ per month
13. **Last Examination passed/Failed (+2 onwards): Passed/Failed**
(A) Class: _____ (B) Year _____
(C) Name of the School/College/Instt. _____
14. If the Husband/wife is employed in any organization/Institution other than the Panjab University : _____
(a) Name of the Husband/Wife: _____
(b) Name of the Office where employed: _____
(c) Nature of educational allowance being received for the child on whose behalf. financial assistance is being sought: _____
(d) Value of amount sanctioned: Rs.: _____

I here by declare that the statement made by me on the application form is correct to the best of my knowledge and nothing has been concealed.

Dated _____

Signature of Parent

Head of the Department
(with official stamp)

Sh./Ms. _____ (Name of the student)

S/D/W/H of Shri _____ is the student of

Class: _____ Roll No. _____ Session _____

Of our college. (Name of College) _____

He/She is paying tuition fee @ Rs. _____ p.m. He/She has paid his/her tuition fee for the whole session of

Dated: _____

Head of the Institution
(With Official Stamp)