

Contact No.: 9419010680



## PROFORMA FOR FINANCIAL ASSISTANCE OUT OFSTUDENTS AID FUND FOR THE YEAR 2024-25

1. Name of the Student:	
2. Parentage:	
3. Residence:	Paste recent
4. Semester:Roll NoBatch	pass port size photograph
5. Occupation of Father	1.5" x 1.5"
6. Occupation of Mother	
7. Monthly Income of Parents	
In words	
8. Phone No: (1) (2)	
9. Category: (tick relevant)	
(a) Orphan(b)Physically Challenged	
(c)Extremely Poor (AAY)/EWS(d) Broken Family	
10. Bank Details (Account Number should be Active):	

Name of candidate	Name of bank/ branch	16 digit account number	IFSC Code

## **Student Declaration**

I\_\_\_\_\_(student name) hereby declare that the particulars provided above are true and correct to the best of my knowledge  $\cdot$ 

Sig. of student \_\_\_\_\_

Date\_\_\_\_\_

Checked by: Dealing Assistant **Convener Financial Aid Committee**