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GOVERNMENT OF GOA

APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR HIGHER EDUCATION/TECHNICAL EDUCATION UNDER SANT SOHIROBANATH AMBIYE DNYANVRUDDHI SHISHYAVRUTTI (BURSARY SCHEME)

Reg. No._____

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-	. Name of the						'				
2.	. Address for o	correspon	dence:								
3.	. Tel. No.:			Mobile	e:						
	E-mail ID: _			A	adhaar	Card No	o.:				
B] In	stitution & Co	ourse det	ails								
	(1) Name of (College/In	stitution/	University:							
	(1) Name of College/Institution/University:										
	(3) Course for which admission is sought:										
Cl Ac	cademic Profil										
-		<u>.</u>		1				,			
	Education		Year of	Maximum	Marks		Marks		rcentage of		
(Qualification	ons	passing			Obta	ained	mai	rks obtained		
_	First Year (Sem	1)									
—	First Year (Sem	,									
	Second Year (S										
_	Second Year (S										
	Third Year (Ser										
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_	Fourth Year (Se	,									
-	Fourth Year (Se										
—	PG – Part – I										
	PG – Part - II										
<u> </u>					1.						
ט ן נ ע	etails of any otl	ner Gover	nment scr	neme availed	l: -						
(a) Na	ame of the Gov	rernment	scheme th	rough whicl	n Finan	cial Assi	stance is	s availe	ed:		
(b) A	mount Arrailad										
(b) A	mount Availed:			_							
E] De	etails of Cours	se Fees:									
1.	. Total Course	Fees of c	urrent aca	ademic year:				_			
0	D1: '11 D										
2.	Eligible Fees		'4 D	T 11	T . 1		01	1	/D-4-1 D1:-:1.1-		
	Tuition		sity Reg.	Library		ratory	Gymk		Total Eligible		
	Fees (A)	ree	s (B)	Fees (C)	rees	s (D)	Fees	(E)	Fees (A:E)		
0	****		<u> </u>	11 470		6.6. 4.6		1: /6			
3.	. Whether the	course is	recognize	d by AICTE/	Govt. o	f Goa/G	ovt. of Ir	ıdıa/G 	oa University:		
4	. Name of the	Institutio	n where a	dmission is	sought.						
7.					_						
	,			•					nose applicants Government).		

F) Details of parents:

Name of father	Name of	Designation	Annual	Aadhaar	Contact/
and Mother	Institution/comp	/Profession	Income	Card Number	Mobile No.
(Mr./ Mrs./ Late)	any/office where				
	they are working				
	& address of				
	Business				
1.					
2.					

-	
	2.
(In	tal Family Income during preceding financial year:
	BANK DETAILS of the applicant: - count No
	ume of the Bank: Branch:
IF	SC Code:
Ва	nk Account seeded by UID No. (Aadhaar Card No.): YES/NO.
	UNDERTAKING
as DI fur be of dis	I, Mr./Miss
un	I further declare that I am not availing any Financial Assistance from the Government der any other scheme through the institution.
Da	ated: Signature of the Applicant
	Name:
N.	B. Please attach certified photocopies of all the relevant documents:
	CHECK LIST (Please tick whichever document is enclosed)
a	All relevant Marksheets from XII Std. are submitted
b	Family Income Certificate/Form No. 16 issued by Competent Authority/ Income
С	Tax Returns Affidavit on Rs.50/- stamp paper in case of non-working parent.
d	Duly certified Fee Structure by the head of Institute where admission is sought
e	Fee Receipts issued by the institutions for the current academic year.
H]	UNDERTAKING FROM THE PRINCIPAL/HEAD OF THE INSTITUTION
	The details as furnished by the applicant in the above application are verified and found be correct. It is further verified that the applicant is a bonafide student of this institution adying in for the academic year with specialization in
	and is not in receipt of any other financial benefit/scholarship of the
	and is not in receipt of any other financial benefit/scholarship of the overnment through this institute.

recoveries effectuated along with penal interest if any.

The above details are personally verified by me and are true to the best of my knowledge.

The student is not availing any financial assistance from the Government through this institution.

of the information is found to be in-correct then the College may be held responsible and

