

COLLEGE DEVELOPMENT COUNCIL, PANJAB UNIVERSITY, CHANDIGARH

SCHOLARSHIP PROFORMA FOR THE SESSION 2020-2021

SPACE FOR
ATTESTED
PHOTOGRAPH

Please tick (✓) the category of scholarship applied for (One student can apply in one category, only)

Attached documents with scholarship form as mentioned against each category,

Forms without Documents/ certificates, uncompleted will stand rejected automatically.

- | | | |
|-------------------------|--------------------------|--|
| 1. MEANS-CUM-MERIT | <input type="checkbox"/> | (Photocopy of Income Proof and DMCs of 2019-20) |
| 2. PHYSICALLY DISABLED | <input type="checkbox"/> | Disability ____%age (Photocopy of Medical Certificate and DMCs of 2019-20) |
| 3. SINGLE GIRL CHILD | <input type="checkbox"/> | (Affidavit, Photocopy of Ration Card, Income Proof and DMCs of 2019-20) |
| 4. SPORTS | <input type="checkbox"/> | (Photocopy of Sports Achievements and DMCs of 2019-20) |
| 5. AIDS /CANCER PATIENT | <input type="checkbox"/> | (Photocopy of Medical Reports and DMCs of 2019-20) |
| 6. TRANSGENDER | <input type="checkbox"/> | (Photocopy of transgender certificate and DMCs of 2019-20) |
| 7. YOUTH WELFARE | <input type="checkbox"/> | (Photocopy of Youth Welfare, Cultural Activities and DMCs of 2019-20) |

NAME OF THE COLLEGE WITH CONTACT NUMBER	
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ADMITTED IN CLASS _____ SEMESTER _____ COLLEGE ROLL NO. _____

NAME OF THE APPLICANT (IN CAPTIAL LETTERS)	
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FATHER'S NAME : SH. _____

MOTHER'S NAME SMT. _____

ADDRESS: _____ MOBILE NO. _____

BANK ACCOUNT NUMBER OF STUDENT	KINDLY MENTION ZEROS IN ACCOUNT NO IF ANY IN THE BEGINNING									
NAME OF THE BANK & BRANCH NAME										
IFSC CODE OF BANK										

EDUCATIONAL QUALIFICATIONS PASSED IN DECEMBER 2019 AND MAY 2020 (ATTACH ATTESTED PHOTOCOPY OF DMCs) :-

SR. NO.	CLASS	SEMESTER	EXAMINATION	MARKS OBTAINED	MAXIMUM MARKS	%AGE
1.			December 2019			
2.			May 2020			
			Total Marks			

I solemnly affirm and declare that the above facts at previous page are correct to the best of my Knowledge and nothing has been concealed.

Date : _____

Signature of the Candidate

It is certified that the facts stated by the applicant are correct to the best of my knowledge. Recommended for grant of scholarship in the category of _____ (name of the category) for the session 2020-2021.

The required certificates as mentioned above are verified, attested and enclosed.

Date : _____

Signature of the Incharge Teacher

Signature of the Principal

With seal

Attached Certificates:-

1. Bank Account Pass Book Photocopy showing Name, Father/Mother name, Bank A/c no., IFSC Code
2. Photocopy of DMC of Examination of December 2019, Class Semester
3. Photocopy of DMC of Examination of March 2020, Class Semester
4. _____
5. _____
6. _____

Note : 1. One student can apply in one category, only.

2. Forms without documents/certificates, uncompleted will stand rejected automatically.