



**OFFICE OF THE PRINCIPAL
GOVT. DEGREE COLLEGE FOR WOMEN
BARAMULLA KASHMIR-193101
NAAC Accredited**



Visit: www.gdcwbla.ac.in Email Id: wcbramulla@gmail.com

Tele fax: [01952-234985](tel:01952-234985)

Application Form for the Grant of Financial Aid

Application No.

Category:

Space for
Passport Size
Photograph

Part I

1. Full Name (In block letters):

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2. Fathers/Guardian's Name:

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3. Mothers Name:

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4. Address

Mohalla/Street	
Village	
Tehsil	
District	
Pin Code	
Aadhaar Number	
Contact No. of the Student	
Date of Birth	
Occupation of Father/Guardian	
Monthly income from all sources	

Part-II

5. Details of the course for which scholarship is being sought

- a) Name of the course.....
- b) Date of Admission.....
- c) Academic Year.....
- d) Semester.....
- e) Registration Number:
- f) CGPA: 1st Sem..... 2nd Sem.....

In-Charge Admission Section

Part-III

Certified That

- A) The information filled in the above-mentioned columns in the respect of
Ms.....D/O.....
R/O.....who is admitted in course for
the academic session.....in this institution is correct as per
records.
- B) All the documents with the form have been verified/and are genuine

Verification Officer

Part-IV

Declaration by student

- a) I hereby declare that the information given above is correct and nothing has been concealed
- b) I shall abide by the terms and conditions for the sanction of the scholarship.
- c) I undertake that if, at any stage, it is found that the information given by me is false then I shall be liable for action as warranted under rules and the competent authority shall recover the sanctioned scholarship from me at any point of time.

Signature of the Student





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Student's Undertaking for Scholarship Eligibility

Self-Declaration

I, the undersigned, hereby solemnly declare and affirm that I will not be receiving any other scholarship during current academic year. I acknowledge that receiving multiple scholarships within the same academic year may contravene the institutional guidelines and regulations. I further affirm that all information provided herein is accurate and truthful to the best of my knowledge. I understand and agree that any false declaration or discrepancy discovered in the information provided by me will render me personally liable and subject to disciplinary actions as deemed appropriate by the institution.

Details:

Name of the Student:

Class / Semester:

Class Roll Number:

Mobile Number:

Acknowledgment

I, the undersigned, have read and understood the above declaration and undertake to abide by it in its entirety. I am fully aware of the consequences that may arise from any breach of this undertaking.

Student's Signature:

Date:

