FOROFFICEUSE

Nature of recommendation Full fee waiver/half fee waiver



Programme:		 	 	
Semester		 	 	
Application n	0.:	 	 	

FOROFFICEUSE

AMBEDKAR UNIVERSITY DELHI Lothian Road, Kashmere Gate, Delhi-110006

APPLICATION FORM FOR FEE WAIVER/FINANCIAL ASSISTANCE

Prograi	mme: .			Academ	nic Year:	For s	semester		
1.		Name of the Applicant:							
2.								Paste here your	
	` /			<u>.</u>				recent passport size photograph	
	` '	Guardian's name:						size photograph	
	(C)								
3.		Enrolment number:							
4.		Admission Category (SC/ST/OBC/PH/GEN/Kashmiri Migrant):							
5.		Educational Qualification							
(a))								
	S. No.	Qualification		Board/University	Name of the	Year of	Division	Grade	
	41.				School/college	Passing			
	1.	10 th							
	2.	12 th							
	3.	Gradu	ation						
	4.	Any o	ther						
6. (6. Details of the fa (A) FATHER Designation Age		If working, name of employer/office/busi ness If retired, name of the last employer/if self employed, nature of employment iness) Annual Income (A (Salary/Pension/Business)			ry/Pension/Bus			
(. ,	OTHER gnation	Age	If working, name of	If retired, name of the la	nst Annu	al Income (B)	Income	
				employer/office/busi ness	employer/if self employed, nature of employment (S		lary/Pension)	from other sources	
	(C) Gu	ardian							
Г	· /	gnation	Age	If working, name of	If retired, name of the la	nst Annu	ial Income (C)	Income	
		-		employer/office/busi	employer/if self employe		ary/Pension)	from other	
L				ness	nature of employment			sources.	

	(D) Tota	al number of family n	nembers dependent on parents/Guardia	ins:		
	(E) Tota	al annual income of fa	mily including all sources			
7.	De	tails of the Family ass	sets:-			
	i. If your family lives in own house:					
	ii. If rented accommodation, address of rented accommodation and amount of rent per month					
	1	peing paid by your far	nily			
	iii.	Does your family hav	e any agricultural land (if yes, give the	details):		
	iv.	Does your family own	a car?			
8.	Do y	ou get any other Scho	olarship/Financial Assistance? Yes/No	•		
	If ye	s, give details:				
		Type of Assistance	Name & Address of the Organization	Total amount of assistance received and duration		
	L		<u></u>			
			<u>UNDERTAKING</u>			
I hereb	v declare	that the above menti	oned information furnished by me is t	rue and correct to the best of my		
	•		nd incorrect, my application may be r	•		
			with penalty as decided by the Univer			
		l in such event.		, ,		
(Signat	ture of Fa	ther/Mother/Guardia	1)	(Signature of the candidate)		
			Date:	_		
Name:						
			Permanent address:			
Addres	es for cor	esnondence:				
		_	PIN Count			
		e)		19		
Contac	i. (1 v1 0011	·)	.Eman 1D.			
NY	~ 1	6.11	a sa a sa sa			
Note: S	Submit th	e following documen	s along with the application:			
A.	Income	certificate from the e	mployer of working parents (of both se	eparately if both are working)/		
	IT retur	ns Or Income certifica	ate from Tahsildar/Sub Divisional Mag	gistrate.		
ъ						
ъ.	Other co	ertificates (if any) abo	ut the category/physical disability or o	other specific condition.		
			ut the category/physical disability or cosited to the University or proof of ad			
C.	Copy of	receipt of the fee dep				
C.	Copy of	receipt of the fee dep	osited to the University or proof of ad	mission to the University.		
C.	Copy of	receipt of the fee dep	osited to the University or proof of addinator/ Dean of School:	mission to the University.		
C. Recom	Copy of nmended ction:	receipt of the fee dep	osited to the University or proof of addinator/ Dean of School:	mission to the University. & Date:		

ii. Incomplete applications or applications not in prescribed format shall not be entertained.