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

Progra	mme: .			Acaden	nic Year:	Fo	semester	
1.		Name o	f the A	pplicant:				
2.	(a)	Father's name:						Paste here your
		Mother's name:						recent passport size photograph
	` '	Guardian's name:						size pilotograpii
3.		Enrolment number:						
4.		Admission Category (SC/ST/OBC/PH/GEN/Kashmiri Migrant):						
5.		Educational Qualification						
(a	)							
	S. No.	Qualif	ication	Board/University	Name of the School/college	Year of Passing	Division	Grade
	1.	10 <sup>th</sup>				j		
	2.	12 <sup>th</sup>						
	3.	Gradu	ation					
	4.	Any o	ther					
6.	(A) FA		f the fa	mily members:  If working, name of employer/office/busi	If retired, name of the employer/if self emplo		nual Income (A)	Income from other
				ness	nature of employme		iness)	sources
(	(B) MC	THER						
	Desig	gnation	Age	If working, name of employer/office/busi ness	If retired, name of the employer/if self emplo nature of employme	yed, (S	nual Income (B) salary/Pension)	Income from other sources
	` '	nardian gnation	Age	If working, name of	If retired, name of the	last An	nual Income (C)	Income
		-		employer/office/busi ness	employer/if self emplo nature of employme	yed, (S	alary/Pension)	from other sources.
			1		I			1

	(D) Total number of fami	ly members dependent on parents/Guardi	ans:			
	(E) Total annual income	of family including all sources				
8.	ii. If rented accomm being paid by you	s in own house:  odation, address of rented accommodation r family have any agricultural land (if yes, give the	and amount of rent per month			
9.	• •	Scholarship/Financial Assistance? Yes/No	)			
	If yes, give details:	N 0 4 11 64 0 : :				
	Type of Assistan	Name & Address of the Organization	Total amount of assistance received and duration			
		<u>UNDERTAKING</u>				
knowle from th	edge. If any information is	entioned information furnished by me is found incorrect, my application may be and with penalty as decided by the University	rejected and any amount received			
(Signat	cure of Father/Mother/Guar		(Signature of the candidate)			
Namai		Date:				
ivaille.		Permanent address:				
Addres	*	PINCoun				
Contac	t: (Mobile)		•			
Note: S	Submit the following documents	nents along with the application:				
В. С.	IT returns Or Income cert Affidavit from student's I Other certificates (if any)	ne employer of working parents (of both sificate from Tahsildar/Sub Divisional Ma Parents/Guardians on a Rs. 10/- stamp parabout the category/physical disability or deposited to the University or proof of acceptance.	gistrate.  per.  other specific condition.			
Recom	nmended by Programme	coordinator/ Dean of School:				
Name:		Signature & Date:				
Instruc	ction:					
		along with enclosures should be submitte				
i	i. incomplete application	ons or applications not in prescribed forma	u shall not be entertained.			