

Attachment -01

Guru Ghasidas Vishwavidyalaya, Bilaspur (C.G.)
Application form for Students' Welfare Scheme

1.	Name of the Student				Paste the Photograph of Student. Attested by Head of the Department	
2.	Father's /Husband's Name					
3.	Date of Birth					
4.	Course Name	Semester				
5.	Academic Session	Date of Admission				
6.	Mobile Number					
7.	Name of Department					
8.	School of Studies					
9.	Application submitted under which category					
	Put the Mark (✓) for appropriate category and (X) remaining others					
	I	Highest Marks in School of Studies	<input type="checkbox"/>	VII	Physically Challenged Student	<input type="checkbox"/>
	II	Games & Sports (National)	<input type="checkbox"/>	VIII	Exemplary Work	<input type="checkbox"/>
	III	Games & Sports (International)	<input type="checkbox"/>	IX	Single Girl Child (Only for PG Students)	<input type="checkbox"/>
	IV	Poor Student Category	<input type="checkbox"/>	X	Martyr Dependent	<input type="checkbox"/>
	V	Free meal for hostellers [Visually impaired (100%)]	<input type="checkbox"/>	XI	Poor Student (Discretion Category)	<input type="checkbox"/>
VI	Teaching Aid [Visually impaired (100%)]	<input type="checkbox"/>	XII	Any Other	<input type="checkbox"/>	
10.	Annual income from all sources (Mother / Father / Husband)	Rs.			Category-IV, XI	
11.	Hostetler/ Day Scholar (Give Details) (Enclose Photocopy of Challan)	Rs.			Category-V	
12.	Amount of Tuition Fee (Enclose photocopy of Challan)	Rs.			Category-IV	
13.	Amount and kind of scholarship from any other source (Give full details)	Rs.				
14.	Certificate of games/sports (Certified by Director, Physical Education.)				Category-II or III	
15.	Student's percentage of attendance during just preceding / current Academic Session (Certified by Head of the Dept.)					

16.	Certificate of scoring highest marks in first attempt all clear status along with total marks obtained & percentage					Category-I
	Max. Marks.		Obtained Marks		Percentage	
17.	Disability / Total blindness certificate (competent medical officer / medical board)					
18.	Name of Bank for transferring the amount		Branch	Students Account No. with IFSC Code		
19.	Attested signature of student (In the presence of HOD)					
	1.			Signature & Seal of Head of the Dept.		
	2.					
20.	Declaration by the Student					
	I declare that all rules of university Student's Welfare Scheme have been read and understood by me. Every information / supporting documents / certificates being furnished by me are factual and true. I will return back the total amount of scholarship with interest if any information / certificate found fake / false at any stage and university is authorized to take any appropriate legal action against me.					
	Signature Father / Husband / Guardian or Left Thumb impression			Signature of Applicant		
21.	Certification by Head of the Department					
	All the information / records mentioned above are verified at the level of department. Student found eligible for the Student Welfare Scheme under Category _____					
	Signature and Seal of HoD					
22.	Certification by Dean School of Studies					
	Application of student has been found correct at School of Studies level. Hence, recommended for the student Welfare Scheme, under Category _____					
	Signature and Seal of Dean of SoS					

*BPL Card Holders