

AFFIDAVIT

I, _____ son/Daughter

of Shri/Smt _____ presently

residing at _____

_____ solemnly affirm and say as follows.

1. My son/daughter relying on me Shri/Kumari _____

_____ who is applying for financial assistance from Vidyanidhi – Economically Backward Student Support Fund of Government First Grade College, Shikaripura.

2. I further undertaking in this event that if the particulars submitted by my ward is found false, I shall refund the full assistance received from Vidyanidhi fund of GFGC Shikaripura. I shall bind to the final decision of the college.

Date:

Yours faithfully

Place:

Name in full

AFFIDAVIT

I, _____ son/Daughter

of Shri/Smt _____ presently

residing at _____

_____ solemnly affirm and say as follows.

1. I am applying for financial assistance from Vidyanidhi – Economically Backward Student Support Fund of Government First Grade College, Shikaripura. I am studying in _____ GFGC Shikaripura.

2. I further undertaking in this event that if the particulars submitted by me is found false, I shall refund the full assistance received from Vidyanidhi fund of GFGC Shikaripura. I shall bind to the final decision of the college.

Date:

Yours faithfully

Place:

Name in full

Government First Grade College Shikaripura
Application Form for financial Assistance
Vidyanidhi -Economically Backward Student Support Fund

Affix recent colour
 Photograph of the
 Applicant attested and
 stamped by principal

1.	Name of the Candidate (In block letters) As per SSLC Marks card	
2.	Date of Birth(DD/MM/YY) As per SSLC Marks card	
3.	Gender: Male/Female	
4.	Category: SC/ST/OBC/General Attach proof	
5.	Physically Challenged: Yes/No	
.	Details of father/Guardian	
a.	Name	
b.	Permanent Address	
		PIN
c.	Communication Address	
		PIN
d.	Profession	
6.	Father's Contact Number	
7.	Annual Income as per income certificate	

8.	Details of the class/Examination passed by the candidate	
a.	Course and Class	
b.	Registration Number	
c.	Passing Year and Semester	
d.	Total aggregate marks obtained in last exam and percentage	
9.	Is the candidate in receipt of any scholarship/ financial assistance from any Government or other institution or person (If yes give details)	
10	Particulars of Saving Bank Account of the candidate	
a.	Name of the candidate:	
b.	Adhar Number:	
c	Account Number:	
d	Name and address of the Bank:	
e	IFSC Code:	
f	MICR Number:	
11.	List of Enclosures given with this application (Without enclosure application will not be considered)	
a	Attested Income and Caste certificate	
b	Affidavit of parents	
c	Attested copy of Marks card of last exam	

I certify that the statement made by in this form is correct. I declare that in case I am selected for a financial assistance. I shall devote my full time to the course of study and maintain 75% attendance and that I shall not receive any another stipend /scholarship/ financial assistance from any other source without the prior permission of the college.

Place:

(Full signature of candidate)

Date:

Name: