



कार्यालय अधिष्ठाता छात्र कल्याण  
अटल बिहारी वाजपेयी विश्वविद्यालय, बिलासपुर (छ.ग.)

कोनी पुलिस थाना के सामने, बिलासपुर-रतनपुर मार्ग, कोनी, बिलासपुर (छ.ग.) 495009

क्रमांक : 515 / अ.छा.क. / 2024

बिलासपुर, दिनांक: 06 / 06 / 2024

प्रति,


विभागाध्यक्ष (समस्त)  
विश्वविद्यालय शिक्षण विभाग  
अटल बिहारी वाजपेयी विश्वविद्यालय, बिलासपुर  
जिला-बिलासपुर (छ.ग.)

विषय:- विभाग में शैक्षणिक सत्र 2023-24 के सम-सेमेस्टर में अध्ययनरत् छात्रों के "Poor and Needy Student Scholarship" आवेदन पत्र भरने के संबंध में।

==0==

उपरोक्त विषयान्तर्गत छात्रों से निर्धारित प्रारूप (विश्वविद्यालय के वेब पटल (Administration → DSW → Student Welfare Scheme) पर उपलब्ध आवेदन फार्म (समस्त वांछित दस्तावेजों के साथ) प्राप्त कर अधिष्ठाता, छात्र कल्याण कार्यालय में दिनांक 19/06/2024 को आयोजित बैठक में स्वतः उपस्थित होंगे।

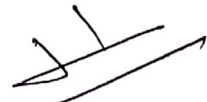
वांछित दस्तावेज:- आवेदन पत्र, वर्तमान सेमेस्टर की फीस रसीद की छायाप्रति, पूर्व सेमेस्टर/वर्ष के समस्त अंकसूची की छायाप्रति, BPL कार्ड की छायाप्रति, बैंक पासबुक एवं आधार कार्ड की स्वच्छ छाया प्रति (समस्त दस्तावेज स्वप्रमाणित)।

  
अधिष्ठाता  
(डॉ. एन. एस. शर्मा)  
अधिष्ठाता, छात्र कल्याण  
बिलासपुर, दिनांक: 06 / 06 / 2024

क्रमांक: 516 / अ.छा.क. / 2024

प्रतिलिपि:-

1. कुलपति महोदय के निज सहायक को, माननीय कुलपति महोदय के सादर सूचनार्थ।
2. कुलसचिव के निज सचिव को माननीय कुलसचिव के सूचनार्थ।
3. कार्यालयीन प्रति।

  
अधिष्ठाता, छात्र कल्याण  
बिलासपुर, दिनांक: 06 / 06 / 2024

## Atal Bihari Vajpayee Vishwavidyalaya, Bilaspur (C.G.)

### APPLICATION FOR STUDENTS' WELFARE FUND TO POOR AND NEEDY STUDENT FOR THE STUDENTS OF UG/PG COURSES OF UTD

1. Name of the student : \_\_\_\_\_
2. Father's name: \_\_\_\_\_
3. Gender:           M/F : \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Category: (GEN/SC/ST/OBC) : \_\_\_\_\_
6. Whether DA (Yes/No) \_\_\_\_\_
7. Source of income of Family i. Govt. Job ii. Private Job iii. Agriculture iii. Own business iv. Any other.
8. Annual Income from all sources \_\_\_\_\_  
(Attach proof)
9. Level UG/PG: \_\_\_\_\_
10. Class \_\_\_\_\_ Semester \_\_\_\_\_  
Department \_\_\_\_\_ Academic year \_\_\_\_\_
11. Amount of tuition fee paid in this semester \_\_\_\_\_ date \_\_\_\_\_ Challan No \_\_\_\_\_  
(Attach proof of receipt)
12. Overall marks in just preceding year \_\_\_\_\_ percentage of marks \_\_\_\_\_.  
(Attach self attested copy of mark sheet of all semesters)
13. Have you taken readmission in this semester due to any reason (Yes/No) \_\_\_\_\_ If  
yes specify year and semester \_\_\_\_\_
14. Do you have any back paper in any semester (Yes/No) \_\_\_\_\_ if yes specify subject, semester  
and year \_\_\_\_\_
15. Have you availed this scholarship earlier (If yes) give following detail  
Class \_\_\_\_\_ semester \_\_\_\_\_ Academic year \_\_\_\_\_
16. Academic session in which seeking for financial assistance \_\_\_\_\_
17. Mailing address with mobile number \_\_\_\_\_  
\_\_\_\_\_
18. Account detail : Name: \_\_\_\_\_ AC No. \_\_\_\_\_  
Name of bank \_\_\_\_\_ Branch \_\_\_\_\_  
IFSC code \_\_\_\_\_
19. E-Mail ID \_\_\_\_\_

#### Declaration by student

I hereby declare that the above information is true and complete to the best of my knowledge. I am aware that if any information herein is found to be incorrect or incomplete, my application form will be rejected and Students' welfare fund for poor and needy students to be provided shall be cancelled and tuition fee exempted will be returned/paid by me with penalty.

Date

Signature, Student

**Forwarded by HOD**

This is certify that Mr./Ms(Student Name) ----- with Enrolment No. -----is admitted in academic session ----- and studying in the department of (Name of department) -----(Class)----- (Semester)----- . As per the documents produced by him/her, he/She is eligible/ Not eligible for getting student welfare fund as per eligibility criteria mentioned in clause 3 of the this guideline and is being forwarded for the same.

Date:

Head  
(Signature and Seal)

**Recommendation by Students' welfare Committee**

Certify that student ----- class -----semester ----- department -----is eligible/not eligible to avail students' welfare as per the guidelines and hence recommended/rejected the same.

Date:

Members

Dean Student Welfare