# **Application Form**

For Financial Assistance in the form of Charity to Poor/needy Students of BPSMV from the Students' Aid Fund of BPSMV for the year of 2023-24.

Last Date of submission the application by student to HOD: 15/10/23

Eligible students are advised to submit their application in the prescribed format to their respective Deptt/colleges/institutes Heads along with the following documents. Individual application of students will not be entertained.

- 1. One copy of the passport size photograph with signature of the students' thereon.
- 2. One attested copy of DMC in respect of the last examination passed.
- 3. An affidavit as per **Annexure-1** not more than 3 months old from SDM/Executive Magistrate or competent Authority (Notary Public issued not Consider) regarding:
  - i) Not getting any Scholarship or any financial aid from any other source.
  - ii) Income if her parents are not working in service Govt./Private Sector.
- 4. For family income latest salary slip in the case of parent/guardian in government / private service.
- 5. If the earning family member is not alive, attach Death Certificate.
- 6. If belong from BPL family, attach attested photocopy.
- 7. If belongs to reserve Category, attach attested photocopy.

| Name of the Student (Capital Letters       | 5)      |                     |  |  |
|--|---------|---------------------|--|--|
| Father's/Guardian Name                     |         |                     |  |  |
| Mother's Name                              |         | Affix self attested |  |  |
| Name of the Dept/College/Inst              |         | Passport size       |  |  |
| Date & Year of Admission in BPSMV          |         | photograph          |  |  |
| University Registration No.                |         |                     |  |  |
| Name of Course                             |         |                     |  |  |
| Class/Semester                             | Roll No |                     |  |  |
| Mobile No:                                 |         |                     |  |  |
| Email Address                              |         |                     |  |  |
| Hostler/Day Scholar                        |         |                     |  |  |
| Date of Birth (DD /MM/YY)                  |         |                     |  |  |
| Marital Status                             |         |                     |  |  |
| Aadhar Card No.                            |         |                     |  |  |
| *Category: (SC/ST/OBC/PH/Gen/ot            | her)    |                     |  |  |
| *Do you belong to BPL family Yes/No        |         |                     |  |  |
| *Are you living in your own home Yes/No    |         |                     |  |  |
| Address for Correspondence (With phone No) |         |                     |  |  |

|                                    |                      |                            |                    | Din Code                 |                     |  |
|------------------------------------|----------------------|----------------------------|--------------------|--------------------------|---------------------|--|
|                                    |                      | hone No)                   |                    |                          |                     |  |
|                                    |                      |                            |                    |                          |                     |  |
|                                    | Pin Code             |                            |                    |                          |                     |  |
| Details o                          | f Course:            |                            |                    |                          |                     |  |
| A- D                               | Ouration of Course:  |                            |                    |                          |                     |  |
| B- L                               | ast Exam result:     | Pass/FailMax               | Marks              | Obtained Marks           | %                   |  |
| Detail of                          | the family member    | ers:                       |                    |                          |                     |  |
| Sr. No.                            | Name                 | Relation                   | Age                | Occupation               | Annual Income       |  |
| 1.                                 |                      |                            |                    |                          |                     |  |
| 2.                                 |                      |                            |                    |                          |                     |  |
| 3.                                 |                      |                            |                    |                          |                     |  |
| 4.                                 |                      |                            |                    |                          |                     |  |
| 5.                                 |                      |                            |                    |                          |                     |  |
| 6.                                 |                      |                            |                    |                          |                     |  |
|                                    |                      |                            |                    | Total Income-            |                     |  |
| *Enclose                           | d Income certificat  | e issued by competent      | authority (No      | <br>ot more than 3 month |                     |  |
|                                    |                      |                            | distribution (con- |                          |                     |  |
| <b>Bank Det</b>                    |                      |                            |                    |                          |                     |  |
|                                    |                      |                            |                    |                          |                     |  |
|                                    |                      |                            |                    |                          |                     |  |
|                                    |                      |                            |                    |                          |                     |  |
|                                    |                      |                            |                    |                          |                     |  |
|                                    |                      | C. If D                    |                    |                          |                     |  |
| ı                                  |                      | <u>Seiт-D</u><br>          | eclaration         |                          | hereh               |  |
|                                    |                      | eiving any type of scho    | -                  |                          | •                   |  |
| or otherv                          | wise. If anything fo | ound wrong I shall be      | liable to refu     | ind all financial assis  | tance received from |  |
| Students'                          | ' Aid Fund with inte | erest.                     |                    |                          |                     |  |
|                                    |                      |                            |                    |                          |                     |  |
| Counter signed by Parents/Guardian |                      | Signature of the Applicant |                    |                          |                     |  |
|                                    |                      |                            |                    |                          |                     |  |
|                                    |                      |                            |                    |                          |                     |  |
| riace                              |                      |                            |                    |                          |                     |  |

| (To be filled by concerned HOD)          | Last Date of submission the application by HOD to DSW: 15/10/2023 |
|--|---|
| Ref. No                                  | Date  |
| Certified that Miss/Mrs                  | D/o Sh  |
| Is a bonafied student of this Dept/Colle | ege/Institution and studying in                                   |
| Under Roll No an                         | d she is not receiving or received any benefit under any other    |
| schemes from the Institutions or other   | erwise as per record. The annual fee of the Course/Class/Sem. is  |
| Rsand all informati                      | on mentioned in this application by the student is correct being  |
| based on official record.                |   |
| Our committee recommends                 | her name for financial assistance from Students' Aid Fund of      |
| BPSMV.                                   |   |

Signature of the Head of the Institution (With official seal)

## NOTE:- To be issued by the Executive Magistrate on Rs 10/- stamp.(Non Judicial Stamp)

# शपथ-पत्र

| нD/0   | ।नवासा                                 |
|--|--|
| हल्फ से निम्नलिखित बयान करती हूँ कि:-  |  |
|  |  |
| 1. यह है कि मै खानपुर महिला<br>विभाग / संस्  |  |
| हूँ ।  |  |
| <ol> <li>यह है कि मैं कहीं ओर से किसी भी प्रकार की छ<br/>हूँ।</li> </ol>           | तत्रवृत्ति या वितीय सहायता नहीं ले रही |
| 3. यह है कि मेरे परिवार की कुल सकल वार्षिक आ                                       | ायरुपये है।                            |
|  |  |
| मेरे द्वारा दी गयी उपरोक्त जानकारी सत<br>जाती है तो, विश्वविद्यालय मेरे खिलाफ उचित | त्य है, यदि कोई जानकारी गलत पायी       |
| जाता ह ता, विवायवाताय गर वितास जायत  | गर्यार गर्प गरापु स्थान हा             |
| ફ  | शपथकर्ता                               |
| दिनांक   | (हस्ताक्षर)                            |
|  | (नाम छात्रा)                           |
|  |  |

The guidelines regarding the disbursement of Students' Aid Fund approved in 76<sup>th</sup> meeting of Executive Council 01.09.2023 vide resolution no. 16:-

#### 1. Name of the Fund:

This shall be named as "Bhagat Phool Singh Mahila Vishwavidyalaya Students' Aid Fund", hereinafter referred to as BPSMVSAF.

## 2. AIM and Objects:

This fund is to render financial assistance in term of charity to poor students to meet their tuition or examination fees or to purchase books or to meet other similar expenses. Limited assistance may be given to the students to meet their hostels, mess, clothing or medical expenses if their needs are considered genuine. No scholarship or stipend or reward or prize will be given from this fund.

Individual cases for assistance will be assessed on merit-cum-means basis and as far as possible the students who are already enjoying any kind of concession/scholarship will not be considered for assistance from this fund. Exceptions, however, be made by the Vice-Chancellor in real hard cases.

#### 3. Fund:

The funding of the Charity will be from:

- (i) The earning from the total sale of University prospectus in a year @ Rs. 50/- each shall be deposited in the Students' Aid Fund.
- (ii) All fines realizable from Students' viz absentee fine, library fine, late fee fine, breakage fine and fine on account of indiscipline/misconduct etc. shall be deposited into the said fund.
- (iii) Voluntary donation from other sources. (University will provide the receipt of donation to the donor).

## 4. Eligibility:

The financial assistance under the scheme shall be payable to the students as per the guidelines given below in case the applicant is not availing any scholarship or any financial aid from any other body (Applicant should produce an affidavit on Rs. of 10/- stamp by 1<sup>st</sup> class magistrate).

(a) An income of the applicants family from all sources shall not be more than 1.80 lakh per annum (Applicant should produce income certificate by competent Authorities).

OR

(b) Physically handicapped students who have permanent disability of not less than 40%

(On submission of relevant certificate from Chief Medical Officer)

- Preference will be given to students who are having girl siblings only.
- Preference will be given to students who are facing any litigation.

### 5. Management:

The financial assistance shall be approved by the Vice-Chancellor on the recommendations of the Committee consisting of the following:-

- (i) Dean Students' Welfare
- (ii) Four Chairpersons of Teaching Departments to be nominated by the Vice-Chancellor
- (iii) Finance Officer
- (iv) AR (R&S) to screen the applications and prepare a list of deserving eligible students recommended by the respective Chairperson of Department for grant of financial assistance on the merit of each case, in accordance with the regulations appearing hereinafter. The AR (R&S) shall convene the meeting for screening within fifteen days of the last date of receipt of applications. AR (R&S) will be responsible for maintain the year wise records and audit of the same.

The Dean Students' Welfare shall be responsible for the administration of the funds.

- 6. HODs/Chairpersons/Principals/In-charges/Directors Regional Centres shall constitute a department level committee for scrutinizing the applications. The students Scholarship may be given to maximum number of students taking at least two applications from each class of each course for an intake up to 60 from constituted/Colleges/Departments. After scrutinizing the applications by the committee the HOD will forward the applications (actual needy students) to DSW (Convener of Students' Aid Fund).
- 7. Financial assistance may be given to the students maximum Rs. 12,000/- per student per year subject to the availability of total amount in the Students' Aid Fund, otherwise it may be given in proportion to available amount in the Students' Aid Fund.
- **8.** Circular for application will be sent after 15<sup>th</sup> September every year. Applications may be invited by concerned HOD by notifying this to the students with application format and may be forwarded to the branch latest by 15<sup>th</sup> October.

The financial assistance may be distributed to the students on the occasion of 26<sup>th</sup> January (Republic Day) by crossed cheque.

#### 9. Audit:

The accounts of the BPSMVSAF shall be audited by the Resident Audit Officer as may be deputed by the Director, Local Fund Audit, Haryana.