

## Students' Welfare Fund Contributed by Teachers' Council Sree Chaitanya College, Habra Application For Financial Support (2022-23) (Copy of all requisite documents are to be attached)

1.	Name of the stu	ident (in Capital Letters):			C ·			
2.	Student ID (Copy of ID Card to be attached):							
3.	University Registration No. with year:				Fix Passport size photograph self-attested			
4.	Name of Father	/Guardian:			self-attested			
5.	Address for Cor	Address for Communication:						
	Street/ Village:			P.O.:				
	P. S.			Distric	t:			
	PIN:			State:				
6.	Studying in SEM:							
7.	Father's Profession: (If employed attach salary Certificate/Pay Slip)							
8.	Mother's Profession: (If employed attach salary Certificate/Pay Slip)							
	<ul> <li>Annual Family Income: (Income Certificate)</li> <li>Mail Address: WhatsApp No:</li> </ul>							
11.	11. Phone No: i) Father:			Student:				
12. Aadhaar No of Student:								
13. BPL Card Number ( <i>if any</i> ):								
14. Whether availing any Scholarship/ Stipend:								
	i)	Kanyashree Stipend:		vi)	Jindal Stipend:			
	ii)	Minority stipend:		vii)	Oikyashree Stipend:			
	iii)	SC/ST Stipend:		viii)	Chief Ministers Relief Fund:			
	iv)	OBC B Stipend:		ix)	Inspire/ JBNSTS:			
	v)	Merit cum Means Stipend:		x)	Any other:			

15. Merit Score Sheet:

Examination	Total Marks Obtained	% of Marks obtained or CGPA	Average CGPA
SEM I			
SEM II			
SEM III			
SEM IV			

16. Attendance of the Semesters to be approved by HoD/In-charge of the shift:

## 17. Declaration:

I, hereby declare that the information given above are true to the best of my knowledge and belief. If any discrepancy be found at the time of verification, the college authority may take any action as desired.

Signature of the Student

## **18.** Declaration by Father/ Guardian:

I,		. father/ guardian of Sri
	(Father's name)	
••••••		hereby declare that the

income statement given above is true to the best of my knowledge and belief.

(Student's name)

Date:

Signature of Father/ Guardian