

SHAHEED BHAGAT SINGH COLLEGE  
(UNIVERSITY OF DELHI)

No.SBSC/ 788

Date: 22.12.2021

**N O T I C E**

**STUDENTS AID FUND : 2021-22**

It is hereby notified for the information of the students that the last date to apply **Online** for getting Financial Assistance from the Students Aid Fund of the College **is extended till Friday, 31<sup>st</sup> December, 2021.**

Only those students whose family income is not more than Rs.1.75 lakh per annum may apply. Students may obtain the **APPLICATION FORM** available on College Website, i.e., www.sbsc.in

Duly filled in forms along with following documents, **self attested**, (scanned copies) must be sent at email ID: **sbsc.aidfund2021@gmail.com** by the last date, **i.e., Friday, 31<sup>st</sup> December, 2021:**

1. Latest Income Proof (Income Certificate from Competent Authority / employer or BPL Ration Card or any other)
2. Photocopy of cancelled cheque/bank passbook of the student containing Bank Name, IFSC Code, Account Number
3. Photocopy of College I.D. Card
4. Photocopy of Caste Certificate, if any
5. Photocopy of marksheet of previous semester

Disbursement of aid fund will be recommended by the Committee.

Students may note that Affidavit will not be considered for income proof.

(Dr. Raj Kumar Rajan)  
Convener, SAF Committee

(Prof. Harish Handa)  
Acting Principal

- Teachers-in-charge
- College Website

**SHAHEED BHAGAT SINGH COLLEGE  
(UNIVERSITY OF DELHI)**

Paste recent  
Photography

**APPLICATION FORM FOR STUDENT AID FUND 2021-22**

**Note: The applicant is required to fill in the forms in his/her own handwriting carefully and correctly. Any statement made in this application, discovered to be incorrect at any time will render the applicant liable to disciplinary action.**

1. Name of the applicant (in block letters) : \_\_\_\_\_

Roll No.: \_\_\_\_\_ Course/Year : \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email ID of the Student: \_\_\_\_\_

2. Father's Name : \_\_\_\_\_ Occupation/Designation \_\_\_\_\_

Income (annually): \_\_\_\_\_ Education: \_\_\_\_\_

3. Who is Supporting the Applicant: \_\_\_\_\_ Relation: \_\_\_\_\_

Occupation of the Supporter: \_\_\_\_\_ Occupation/Designation: \_\_\_\_\_

Total Income including allowances: \_\_\_\_\_

4. Number of Dependents on supporters: \_\_\_\_\_

Studying in College: \_\_\_\_\_ in School: \_\_\_\_\_ Nowhere: \_\_\_\_\_

5. Were you enjoying Student Aid Fund in the previous class? If so, state the amount: \_\_\_\_\_

6. No. of Encls.: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of the Applicant

**DECLARATION**

I hereby declare that the particulars given above are correct to the best of my knowledge and belief.

Date: \_\_\_\_\_

Signature of the Applicant

RECOMMENDATION OF THE CONVENER, Rs. \_\_\_\_\_

CONVENER, SAF COMMITTEE

PRINCIPAL OFFG.