

**APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER "NIRANKARI RAJMATA
SCHOLARSHIP SCHEME OF SNCF: 2015-2016**

(To be filled in Block Letters)

PART-I (Personal Information)

1. Name of the Student : _____
 2. Date/Place of Birth : _____
 3. Sex (Male/Female) : _____
 4. Permanent Address : _____



5. Correspondence Address : _____

6. Contact No. : (Mob.) _____ (Tel) _____

7. Name of the Programme : _____

8. Duration of the Programme : _____ Current Semester/Year _____

9. Name and Address of the Institute : _____

10. University Enrolment Number : _____

11. Rank / Position in Professional Examination: _____

12. Whether admission taken under Management Quota Scheme: (Yes/No) : _____

13. Whether ever penalized for adopting Unfair Means in the Examination of the University / Educational Institution
(Yes / No) : _____

14. Admission Category (Delhi/Out Side Delhi & SC/ST/OBC/PH/GEN/ Kashmere Migrant, etc): _____

15. Have you received any financial assistance under this Scheme from SNCF in the last year: (Yes/No)

If yes, please mention the amount received: (Rs. _____) in words _____

16. Bank Account Details (the bank account must be in the name of applicant):

i) Bank Account No. _____

ii) Name & Address of the Branch/ Bank _____

iii) IFSC code of the Bank/ Branch: _____

17. Educational Qualification (including marks of semester examination last appeared)

S. No.	Qualification	Board / University	Name & Address of School / College	Year of Passing	Division	%age/ CPI*
1.	10 th					
2.	12 th					
3.	Graduation (Mention the result semester wise)					
4.	Any other					

PART-II

**(Information for Assessment of Financial Assistance from SNCF Under
“Nirankari Rajmata Scholarship Scheme”)**

Note: - Information should be filled up by the Applicant in column (B)

S. No (A)	PARTICULARS FOR ASSESSMENT OF ECONOMIC CONDITION OF FAMILY (B)	Remarks of the committee member at the time of interview (C)																												
1.	FAMILY ANNUAL INCOME Rs. _____ /- (as per certificate issued by the SDM)																													
2.	DETAILS OF FATHER / GUARDIAN / MOTHER ✓ (Please tick) [] FATHER / [] GUARDIAN Name: _____ Age: _____ Qualification: _____ Occupation: _____ Name & Address of Employer: _____ _____ Monthly Income: _____ / if retired, Monthly Pension (Rs.) _____ (In case Father passed away, enclose a copy of death certificate)																													
3.	<p align="center"><u>MOTHER</u></p> Name: _____ Age: _____ Qualification: _____ Occupation: _____ Name & Address of Employer: _____ _____ Monthly Income: _____ / if retired, Monthly Pension (Rs.) _____ (In case Mother passed away, enclose a copy of death certificate)																													
4.	A. DETAILS OF SIBLINGS <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">S. No</th> <th style="text-align: center;">Name</th> <th style="text-align: center;">Age</th> <th style="text-align: center;">Studying OR Working</th> <th style="text-align: center;">Material Status</th> <th style="text-align: center;">If studying, mention School Name & Annual Fee</th> <th style="text-align: center;">Annual Income, if working</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p><u>(In case siblings are studying, enclose a copy of fee receipt issued by the school/institute)</u></p> B. Whether the applicant is a “Single Girl Child”? _____	S. No	Name	Age	Studying OR Working	Material Status	If studying, mention School Name & Annual Fee	Annual Income, if working	1.							2.							3.							
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6.	A. STATUS OF FAMILY BACKGROUND, INCOME SOURCES AND PATTERN OF LIVELIHOOD																										
	B. DETAILS OF LOCALITY & ACCOMMODATION a. Name of locality of accommodation: _____ b. Nature of accommodation Rented or owned: _____ c. Total Plot Area of House (Sq Mtr.): _____ d. Total carpet area of Flat / Floor (Sq Mtr.): _____ e. If any floor given on rent? If Yes, mention the monthly rent: Rs. _____ f. Is there any shop in house? if yes, details of business running & monthly income : _____																										
	C. DETAILS OF PROPERTY a. Agricultural land (Mention the area size and city): _____ _____ b. Any other immovable property of family: _____ _____																										
7.	DETAILS OF SCHOOL/COLLEGE/EDUCATIONAL INSTITUTION OF APPLICANT																										
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*** Note- Applicant may enclose documentary proof, if any, for justifying their economic condition and financial requirement of family.**

UNDERTAKING

“I hereby declare that the above mentioned information furnished by me is true and correct to the best of my knowledge and belief. If any information provided in the application form is found incorrect at any stage or if it is found that I had failed in any one or more of the subjects of the University examinations on the last date of submission of application or otherwise was ineligible to be considered for financial assistance under this scheme, my application may be rejected and amount, if any, received by me from SNCF shall be refunded along with penalty, as decided by the competent authority. This is without prejudice to other disciplinary and other legal measures with SNCF may take besides the refund of the financial assistance received.”

(Signature of Student with date)

(Signature of Parents/Guardian with date)

PART III – CHECKLIST & CERTIFICATION

*Note: All the columns of checklist should be verified by the authorized officer of the Sant Nirankari Charitable Foundation.

Name of Student: _____ **University Enrollment No:** _____

Name of Programme: _____ **Current Semester:** _____

Name of School/Institute: _____

SR. No.	Details of the documents (All the documents should be attached alongwith the application form)	Status of Documents
1	A copy of latest Pay Slips / I.T. Returns OR Income Certificate issued by the Area SDM or other officer authorized in this behalf by the Revenue Department of the Government. The date of issue of Income Certificate should not be more than 1 year prior to the date of issue of this notice.	YES / NO YES / NO
2	University Admission Slip	CET Rank: Enrollment No.
3	Back Paper or failed in any previous semesters' exam.	YES / NO
4	Copy of all previous semesters' Mark sheets for which results have been declared.	✓ Tick the Semester which mark sheet has been enclosed. 1 st Semester 6 th Semester 2 nd Semester 7 th Semester 3 rd Semester 8 th Semester 4 th Semester 9 th Semester 5 th Semester 10 th Semester
5	Attested copy of 10th & 12th Mark sheet	YES / NO
6	Total Fee paid by the applicant for the current academic year (Security or any other refundable amount should not be included alongwith total fee) All Fee Receipts issued by the institute/ University should be enclosed.	Fee Receipt No. _____ Date _____ Amount (Rs. _____) In words: _____
7	Copy of cancelled cheque and Pass Book of the Saving Bank Account. (Name of student, Bank account number and IFSC code should be mentioned on the cheque /Pass Book and highlighted)	YES / NO
8	Affidavit attested by Notary as per prescribed format	YES/NO
9	In case the application is rejected, the reasons for such rejection	

Verified by:

(Signature & Full Name with Stamp of the
Member Incharge Education)

CERTIFICATION/RECOMMENDATION

It is certified that:

1. The student has not been admitted through management quota and fulfills all the eligibility criteria as laid down in the guidelines for financial assistance under MCM Scheme of Sant Nirankari Charitable Foundation.
2. All the requisite certificates & documents attached with this application have been verified from the records available in the office.
3. The applicant has not been detained in any semester examination of the course due to shortage of attendance.
4. The applicant has not been penalized for any act of indiscipline during the course.
5. The student is availing financial assistance/scholarship of amount of Rs. _____ from some other sources / from Centre or State Govt. under some scheme or otherwise as per the office record. (if not availing any financial assistance mention **Nil** against the amount)
6. All the information furnished by the student in the application form is true to the best of my knowledge.

It is verified that the applicant is a meritorious student and belongs to an economically weak family. He is eligible under the Scholarship Scheme of Merit-Cum-Means of Sant Nirankari Charitable Foundation. This application is being forwarded for consideration for grant of financial assistance under the Scholarship Scheme of MCM.

In case applicant is not recommended for grant of financial assistance, reasons thereof should be mentioned here:

(Signature & Full Name with Stamp of the
Member Incharge Education)

PART- IV

Format for Affidavit

(On Non-Judicial Stamp Paper of Rs. 10/- duly attested by Notary Public)

I/My ward _____ (Name of the candidate),
Son/Daughter/Wife of _____ (Father's/Husband's Name) Resident
of _____ (Permanent address) seeking grant of
financial assistance under the "MCM" Scheme of Sant Nirankari Charitable Foundation, hereby solemnly
affirm and declare

1. That the total Annual Income of my family from all sources is not more than Rs. 3,50,000/-.
2. That the applicant is availing financial assistance/scholarship of amount of Rs. _____ for academic purposes from any sources Govt. or otherwise. (If not availing any financial assistance mention Nil against the amount).
3. That the applicant does not have the status of failure in any subjects of any semester(s) on the date of swearing of this affidavit.
4. That the applicant is a "Single Girl Child" in the family. (Wherever applicable).
5. That the applicant fulfills all the eligibility norms / conditions notified in the guidelines for grant of financial assistance under the "Merit-Cum-Means" Scholarship Scheme of Sant Nirankari Mandal.

Deponent

VERIFICATION:

Verified at _____ (Place) on _____ (Date, Month, Year).

That the contents of the above Affidavit are true and correct to the best of my knowledge and belief. No part of it is false and nothing material information has been concealed there from.

Deponent

Note:

- (i) In case the candidate is minor i.e. below 18 years of age; in that case, the affidavit shall be signed by his/her parent/guardian.
- (ii) Submission of false affidavit is punishable offence. If it is found at any stage that false affidavit was submitted, Scholarship shall be cancelled/recovered back and legal proceedings shall be initiated, for which candidate/parent/guardian shall be responsible.