

Central University of Punjab

(A Central University established an vide Act of Parliament in 2009) City Campus, Mansa Road, Bathinda -151001, Tel: 0164-2430586 Fax: 0164-2864111 Email: cu.punjab.info@gmail.com, www.centralunipunjab.com, www.cup.ac.in

Application Form for Financial Aid

Important: Provide all the information, filling up all the columns. Incomplete application forms will not be entertained. If a column is not applicable, please write N/A.

Last date: January 31st, 2020

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SECTION I: GENERAL INFORMATION		
Registration No. of Student:		
Programme: Semester:		
Centre/School:	Paste recent passport size	
Are you getting any other scholarship/financial aid: (Yes/No)		
If yes, mention the name of granting agency and the amount		
		
Name (In capital letters):		
Father's/Guardian (Natural/Legal) Name:		
Father's/Guardian (Natural/Legal) Contact No.:		
Present Address :	PIN	
Permanent Mailing Address:	PIN	
Date of Birth: (DD/MM/YY) Citizenship		
Marital Status:		
If married, how many people are financially dependent on you?		
Contact No. : Email ID:		
Staying Hostel Yes/No Hostel Room No		
Signature of Hostel Warden		
Last Examination passed: Total Mark	ks (%):	
Attendance of students in last semester: (to be filed by the Centre Coordinator)		
(Not applicable for new students) Signature of Centre Coordinator:		

Date:

Place:

Signature of student

The Financial –cum- Personal Information of the Family of the Candidate (Information is required to ascertain the financial status of the family)

	ers Age and annual Income	
2. Mothe	ify Professioner Age and annual Income	
	of Brother/ Sisters I of Brother/Sister age, Profession, Annual Inc	come, if student specify class
and th	he school.	one, in condense opening condense
I.		
ii.		
iii.		
iv.		
	g in Acres if any by the familyatus of the Family (in own words):	Resident Urban/Rural
Justification	by the Applicant claiming the Financial Assista	nce:
	Undertaking by the applicar	<u>nt</u>
I	S/o D/o resident of	solemnly declare that the
information pro has concealed stringent action	ovided by me regarding my family financial status is true by me. I pledge that in future also if statement given a taken by the CUPB. I also assure that the financial aid will also further improve my academic performance.	to best of my knowledge and nothing by me is false I will be liable for any
Date:		(Signature)
	Certificate to be given by the Ment	<u>or</u>
I	, Designation m	nentor of the
	ent) duly propose and certify that I have verified the creded of the financial assistance as the income of the family is	
Date:		(Signature) Stamp