

**CENTRAL PLACEMENT CELL, PANJAB UNIVERSITY, CHANDIGARH**  
**APPLICATION FORM FOR SCHOLARSHIP - SARBAT DA BHALA CHARITABLE TRUST**

*Please tick the category applied for:*

- |  |                          |
|--|--------------------------|
| 1. Economically weaker section.                    | <input type="checkbox"/> |
| 2. Differently abled Student.                      | <input type="checkbox"/> |
| 3. Students/families affected by natural disaster. | <input type="checkbox"/> |
| 4. A student who has lost his/her father.          | <input type="checkbox"/> |

Affix recent  
Passport size photo  
attested by  
Chairperson/Director

1. Name of the Applicant \_\_\_\_\_
2. Department \_\_\_\_\_ Class \_\_\_\_\_ PUPIN NO. \_\_\_\_\_
3. Mobile No \_\_\_\_\_ Email id \_\_\_\_\_
4. Father's name with address \_\_\_\_\_

5. Total family annual income from all sources \_\_\_\_\_  
 (Authentic Proof to be attached: Income certificate from Employer/ Revenue Authorities and Affidavit)

6. Educational Qualifications: University Annual / Ist/ 2<sup>nd</sup> Semster: \_\_\_\_\_  
 Examination (last qualified): Year of Passing \_\_\_\_\_ Roll No. \_\_\_\_\_  
 Marks Obtained \_\_\_\_\_ Max: Marks: \_\_\_\_\_ %age of Marks: \_\_\_\_\_

7. Details of the family members:-

	Number	Age	Self Supporting	Education
<b>Brothers</b>				
<b>Sisters</b>				
<b>Other Dependents</b>				

8. Scholarships/Stipend/Financial Assistance Fee Concession (if any) being availed.(Yes/No) \_\_\_\_\_  
 Details \_\_\_\_\_

**CERTIFICATE**

**(To be signed by the student)**

I hereby solemnly declare that the particulars given by me in the application are correct to the best of my knowledge and belief. I further declare that I will intimate the Department/University, if I am granted any Scholarship/Stipend and Fee Concession after the submission of this application.

**Signature of the applicant with date.**

**CERTIFICATE**

**(To be signed by the Chairman/Director of the deptt.)**

Certified that the particulars filled in by the student have been verified from the admission form of the student and other record of the Department and found correct.

**Signature of the Deptt. Official**

Recommendation of the Chairman/Director of the Department.

**Signature of the Chairman/Director of the Deptt.  
with office stamp**