

**Application for Financial Assistance to  
Needy and Financially Backward Class Students of  
Affiliated Colleges/Recognized Institutes and University Departments**

**Academic Year: 2017-18**

To,  
The Director,  
Department of Students' Development,  
University of Mumbai

**Subject: Application for Financial Assistance to Needy and Financially Backward Class Students**

Respected Sir,

I am hereby submitting the application of needy and financially backward class students of my College/Recognized Institute/University Department for Financial Assistance. Kindly consider the application and place before the Advisory Committee constituted for various Students Welfare Schemes.

The details of the College/Recognized Institute/University Department and Students are as follows-

**A) Details of College/Recognized Institute/University Department**

Name of the College/Recognized Institute/University Department	
Phone Number of the Administrative Office of the College/Recognized Institute/University Department	
Email of the Administrative Office of the College/Recognized Institute/University Department	
Name of the Principal/Director/Head	
Office Number of the Principal/Director/Head	
Mobile Number of the Principal/Director/Head	
Residential Number of the Principal/Director/Head	
WhatsApp Number of the Principal/Director/Head	
Email of the Principal/Director/Head	

**B) Details of the Student**

Full Name of the Student	(Surname) (Middle Name) (Father's/Husband's Name) (Mother's Name)																																																
Name of the College/ Recognized Institute/ University Department																																																	
Course																																																	
Class																																																	
Roll No.																																																	
P.R.N. Number <b>OR</b> P.G./M.Phil./Ph.D. Registration Number																																																	
Date of Birth <i>(Age of the student should not be more than 25 years as on September 1, 2017 of the current academic year)</i>																																																	
Permanent Address																																																	
Present Address																																																	
Mobile Number																																																	
Alternative Mobile Number (If Any)																																																	
WhatsApp Number																																																	
Email																																																	
Academic Profile	<table border="1"><thead><tr><th>Examination</th><th>Month and Year of Passing</th><th>% OR Grade</th></tr></thead><tbody><tr><td>S.S.C.</td><td></td><td></td></tr><tr><td>H.S.C.</td><td></td><td></td></tr><tr><td>U.G. Sem.-I</td><td></td><td></td></tr><tr><td>U.G. Sem.-II</td><td></td><td></td></tr><tr><td>U.G. Sem.-III</td><td></td><td></td></tr><tr><td>U.G. Sem.-IV</td><td></td><td></td></tr><tr><td>U.G. Sem.-V</td><td></td><td></td></tr><tr><td>U.G. Sem.-VI</td><td></td><td></td></tr><tr><td>U.G. Sem.-VII</td><td></td><td></td></tr><tr><td>U.G. Sem.-VIII</td><td></td><td></td></tr><tr><td>P.G. Sem.-I</td><td></td><td></td></tr><tr><td>P.G. Sem.-II</td><td></td><td></td></tr><tr><td>P.G. Sem.-III</td><td></td><td></td></tr><tr><td>P.G. Sem.-IV</td><td></td><td></td></tr><tr><td>M.Phil.</td><td></td><td></td></tr></tbody></table>	Examination	Month and Year of Passing	% OR Grade	S.S.C.			H.S.C.			U.G. Sem.-I			U.G. Sem.-II			U.G. Sem.-III			U.G. Sem.-IV			U.G. Sem.-V			U.G. Sem.-VI			U.G. Sem.-VII			U.G. Sem.-VIII			P.G. Sem.-I			P.G. Sem.-II			P.G. Sem.-III			P.G. Sem.-IV			M.Phil.		
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Amount of Fees Paid for the Course	
Full Name of the Father	
Occupation of Father	
Full Name of the Mother	
Occupation of Mother	
Annual Income of the Family (Including all Members) for Financial Year 2016-17	
Have you Received any Scholarship/Freeship from Government Authorities in the Year 2017-18? (Yes/No)	
If Yes Give Details of Scholarship/Freeship	
Name of the Scholarship/Freeship	
Name of the Government Authority	
Amount Sanctioned	
AADHAR Card Number	
PAN Card Number	

**C) Details of Bank Account of Student**

Name of the Bank	
Name of the Branch	
Telephone Number of the Branch	
Complete Bank Account Number	
IFSC Code	
MICR Code	

**Declaration from the Student**

I hereby declare that the above information furnished by me is true to the best of my knowledge. In case if it is turned false, I am personally responsible for the punishment and liable to be discontinued from receiving any benefit whatsoever.

Signature and Name of the Student

**Declaration from the Principal/Director/Head of the College/Recognized Institute/University Department**

I hereby declare that the above information given by the student has been verified with the record of my office and I recommend the above student for Financial Assistance.

Place

Date

(Seal of the  
College/Recognized Institute/  
University Department)

Signature of the Principal/Director/Head  
of the College/Recognized Institute/  
University Department with Seal