

**Application for Financial Assistance to
ST Students of Colleges/Institutes Affiliated to University of Mumbai**

Academic Year: 2017-18

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

**Subject: Application for Financial Assistance to ST Students of Colleges/Institutes
affiliated to University of Mumbai**

Respected Sir,

I am hereby submitting the application of tribal students of my College/Institute for Financial Assistance. Kindly consider the application and place before the Advisory Committee constituted for various Students Welfare Schemes.

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

A) Details of College/Institute affiliated to University of Mumbai

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

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/Institute	
Course	
Class	
Roll No.	
P.R.N. Number OR 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>	
Caste	
Category	
Annual Income of the Family for Financial Year 2016-17	
Permanent Address	
Present Address	
Mobile Number	
Alternative Mobile Number (If Any)	
WhatsApp Number	
Email	
Amount of Fees Paid for the Course	
Name of the Hostel (If Residing in Hostel)	

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 of the College/Recognized Institute

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)

Signature of the Principal/Director
of the College/Recognized Institute with Seal

Address of the Hostel (If Residing in Hostel)	
Phone Number of the Hostel (If Residing in Hostel)	
Type of the Hostel (If Residing in Hostel) (Government/University/Private)	
Monthly Fees Paid for Accommodation at the Hostel	
Half Yearly Fees Paid for Accommodation at the Hostel	
Full Name of the Father	
Occupation of Father	
Full Name of the Mother	
Occupation of Mother	
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	