

Ghasidas Vishwavidyalaya, Bilaspur (C.G.)
Application form for Students' Welfare Scheme

1.	Name of the Student				Paste the Photograph of Student. Attested by Head of the Department	
2.	Father's /Husband's Name					
3.	Date of Birth					
4.	Course Name	Semester				
5.	Academic Session	Date of Admission				
6.	Mobile Number/E-mail					
7.	Name of Department					
8.	School of Studies					
9.	Application submitted under which category					
	Put the Mark (✓) for appropriate category and (X) remaining others					
	I	Highest Marks in School of Studies	<input type="checkbox"/>	VII	Physically Challenged Student	<input type="checkbox"/>
	II	Games & Sports (National)	<input type="checkbox"/>	VIII	Exemplary Work	<input type="checkbox"/>
	III	Games & Sports (International)	<input type="checkbox"/>	IX	Single Girl Child (Only for PG Students)	<input type="checkbox"/>
	IV	Poor Student Category (BPL Card Holders)	<input type="checkbox"/>	X	Martyr Dependent	<input type="checkbox"/>
	V	Free meal for hostellers (100% Visually impaired)	<input type="checkbox"/>	XI	Poor Student (Discriminatory Category)	<input type="checkbox"/>
VI	Teaching Aid (100%Visually impaired)	<input type="checkbox"/>	XII	Any Other	<input type="checkbox"/>	
10.	Annual income from all sources (Mother / Father / Husband)	Rs.				Category-IV, XI
11.	Hostetler/ Day Scholar (Give Details) (Enclose Photocopy of Challan)	Rs.				Category-V
12.	Amount of Tuition Fee (Enclose photocopy of Challan)	Rs.				Category-IV
13.	Amount and kind of scholarship from any other source (Give full details)	Rs.				
14.	Certificate of games/sports (Certified by Director, Physical Education.)					Category-II or III
15.	Student's percentage of attendance during just preceding / current Academic					

	Session (Certified by Head of the Dept.)				
	Certificate of scoring highest marks in first attempt all clear status along with total marks obtained & percentage in just preceding session				
16	Category-I				
	Max. Marks.		Obtained Marks		Percentage
17.	Disability / Total blindness certificate (competent medical officer / medical board)				
18.	Name of Bank for transferring the amount		Branch	Students Account No. with IFSC Code	
19.	1.		Signature & Seal of Head of the Dept.		
	2.				
Declaration by the Student					
20.	I declare that all rules of university Student's Welfare Scheme have been read and understood by me. Every information / supporting documents / certificates being furnished by me are factual and true. I will return back the total amount of scholarship with interest if any information / certificate found fake / false at any stage and university is authorized to take any appropriate legal action against me.				
	Signature Father / Husband / Guardian or Left Thumb impression		Signature of Applicant		
Certification by Head of the Department					
21.	All the information / records mentioned above are verified at the level of department. Student found eligible for the Student Welfare Scheme under Category _____				
	Signature and Seal of HoD				
Certification by Dean School of Studies					
22.	Application of student has been found correct at School of Studies level. Hence, recommended for the student Welfare Scheme, under Category _____				
	Signature and Seal of Dean of SoS				

Note:--- Students are requested to read carefully the Students Welfare Schemes Carefully before filling The application form.