

D.M.'s COLLEGE OF ARTS, SCIENCE AND COMMERCE
ASSAGAO, BARDEZ – GOA.

APPLICATION FOR ASSISTANCE FROM STUDENTS' AID FUND

1. Name in full: _____
(In capital letters) Surname Name Father's/Second name

2. Date of Birth: _____

3. Address : _____

4. Class: _____ Div. _____ Roll No. _____ Year _____

5. a) Name of Father or Guardian: _____

b) Occupation : _____

c) Annual Income : _____

d) Address : _____

Examination	Board/University	Year of Passing	Seat No.	Percentage	Class
S.S.C.E.		March/Oct.			
H.S.S.C.		March/Oct.			
F.Y./B.A./B.Sc./B.Com.		March/Oct.			
S.Y./B.A./B.Sc./B.Com.		March/Oct.			

7. Family Background :

- a) No. of persons in family
- b) No. of earning members of the family
- c) Total annual income of all the family members
- d) Total No. of members getting education Primary -

High School –

Higher Secondary –

College–

8. Kind of assistance required :

Half freeship or Book Bank or medical (in case of measure sickness only).

I hereby declared that the statements made by me in this application form are true to the best of my knowledge and belief. I agree with the terms and conditions of the freeship.

Signature of Applicant

APPLICATION FOR ASSISTANCE FROM STUDENTS' AID FUND

P.T.O.

I declare that the statements made by my son/daughter/ward are true to the best of my knowledge and belief.

Signature of Parent/Guardian

(FOR OFFICE USE ONLY)

REMARKS :

PRINCIPAL

Examination	Board/University	Year of Passing	Roll No.	Percentage	Class
S.S.C.E		Passing			
H.S.C.		Passing			
F.Y.B.A. B.Sc. B.Com.		Passing			
S.Y.B.A. B.Sc. B.Com.		Passing			

- 1. Family Background
- a) No. of persons in family
- b) No. of earning members of the family
- c) Total annual income of all the family members
- d) Total No. of members getting education
- 2. Education
- High School -
- Higher Secondary -
- College -
- 3. Kind of assistance required
- 4. Has library or Book Bank or medical (in case of measure sickness only)

I hereby declare that the statements made by me in this application form are true to the best of my knowledge and belief; I agree with the terms and conditions of the fund.

Signature of Applicant