

FORM OF APPLICATION FOR GRANT OF FINANCIAL ASSISTANCE OUT OF THE STUDENTS AID FUND

FORM- A

IMPORTANT NOTES:

The Candidate must read the following instructions before submitting the 'Student Aid Fund' form at the time of admission for the session 2022-23

- A **Students covered under self-finance courses are not entitled for availing Student Aid Fund**
- B The affidavit duly attested by the Notary is not to be acceptable. Income Certificate from a competent authority which shall mean the Executive Magistrate, Tehsildar or the employer as the case may be is must for availing Student Aid Fund and Photocopy of Bank Passbook of the candidate.
- C Those students who got re-appear in previous examination are not eligible for getting the financial assistance out of Student Aid Fund and charged the required fee from such students.
- D These Students would be eligible for the Student Aid Fund **second time**, if he/she secure at least 50% marks in the previous examination.
- E All those students who have not filled/ submitted the examination form for the session 2022-23 and who left the course in the session are not eligible for getting the financial assistance under 'Student Aid Fund'.
- F Full fee will be charged from the Student Aid Fund at the time of admission and financial assistance will be provided to such students as per income slab.

FOR ADMISSION BRANCH USOL FOR VERIFICATION OF ADMISSION AND RESULT

Before the disbursement of Student Aid Fund an UNDERTAKING be obtained from each student of the department that he/she is not availing any scholarship/stipend financial Assistance from the concerned department or any other sources moreover the same is to be certified by the Head of the department.

Name _____ of Applicant _____
Man/Woman _____ Class _____ Enrl. No. _____ Session _____

Result: Previous Class _____ Roll No _____

Marks _____ Out of _____ Session _____

Dealing Clerk _____ Assistant _____ Superintendent _____ A.R. (Admission)

1. Have you got the benefit of Student Aid Fund, Yes/No _____ If Yes, Mention Amount _____ Receipt No _____ date _____
2. Name _____ of Applicant _____ Man/Woman _____ -
Class _____ Enrl.No. _____ Previous Rollno and Marks (Sem I/III) _____ Out of _____ Session _____
Previous Rollno and Marks(Sem II/IV) _____ Out of _____ Session _____
3. a) Father's Name _____ Occupation _____
b) Name of Guardian, if father not alive/self-dependent _____
4. Father's/guardian monthly income from all sources _____
5. Total Number of dependents on applicant/father/guardian (including oneself) _____

6 Details of the Members of Family including the applicant.

Name	Age	Relationship with the applicant	Monthly income if employed	Dependent

7. Total family income _____

8. a) Is the applicant drawing any scholarship/financial aid or assistance/stipend from any Other source, Mention _____
- b) If so indicate the amount being received, name the sanctioning authority and period up to which tenable: _____

9. Has the applicant applied for financial assistance /fee concession in the capacity of

- i) Brother/sister (if both studying in this department _____)
- ii) Dependent son/daughter or University employee _____
- iii) Husband/Father permanently disabled or killed during action being member of (strike out which is not applicable).
 - a) Defence Forces
 - b) Para Military Forces
- iv) Any other capacity _____

10. Mention self-Bank Account No _____, IFSCCode _____ and PassBook/self Account Photocopy along with form.

(Signature and address of the applicant)

Date _____

Mobile No. _____

FOR OFFICE USE ONLY

Certified that the above Sr. No. 1 to 10 particulars have been verified and found correct.

- i) Total number of dependents _____ ii) Total family members _____ iii) Eligible/not Eligible _____

Dealing Clerk

Assistant

Superintendent

Asstt.Registrar

Chairperson, USOL

PANJAB UNIVERSITY, CHANDIGARH

Application form for Brother/Sister fee concession for the session

- NOTE : 1. Half fee concession is allowed to Brother/Sister studying in a lower class.
2. The fee concession form will be submitted to the accounts branch by 15th September at the latest .

Particulars of Applicant

1. Name.....
2. Father's Name
3. Deptt.
4. Class
5. Roll No.

I hereby undertake to inform the university office as and when my elder brother/sister discontinues his/her studies before the close of session.

Signature of the applicant with date

Particulars verified.

It is certified that he/she is not enjoying any fee concession.

Chairman,
Deptt. of
P.U., Chandigarh.

Particulars of real Brother/Sister

1. Name.....
2. Father's Name
3. Deptt.
4. Class
5. Roll No.

I hereby undertake to pay full tuition fee for the full session. A certificate in support of real brother/sister duly countersigned by the Competent Authority is given below :-

Signature of Brother/Sister with date

Particulars verified .

It is certified that he/she is not enjoying any fee concession.

Chairman,
Deptt. of.....
P.U., Chandigarh.

REAL BROTHER/SISTER CERTIFICATE DULY SIGNED BY MAGISTRATE/ GAZETTED OFFICER/HEAD OF THE PANJAB UNIVERSITY TEACHING DEPTT.

It is certified that the students whose particulars are given above are real brother/sister.

Official Seal

Signature of Magistrate/
Gazetted Officer/Head of
the Panjab University
Teaching Deptts.

Dated:

UNIVERSITY OFFICE REMARKS

Half tuition fee concession may be allowed to Mr./Mrs./Miss
Student ofDeptt. of
for the session 202 - 202 Please.

O.S.A.
A.R.A.
D.R.A.
F.D.O.
D.U.I.

Assistant

Clerk

PANJAB UNIVERSITY CHANDIGARH

Application for exemption from payment of tuition fee to dependent(s) of a University Employee.

NOTE: FEE CONCESSION FORM WILL BE SUBMITTED TO THE ACCOUNTS BRANCH BY 15TH SEPTEMBER AT THE LATEST.

Particulars of University Employee

Name
Designation
Deptt./Branch
If Self studying (Class/Deptt.)
.....

Particulars of other dependents (If studying in the University Teaching Deptt./D.C.S./ University College)

- (i)
- (ii)
- (iii)

I hereby declare that the particulars given by me/my dependent are correct.

Signature of the University Employee

with date.Particulars verified

Signature of Head of the Branch where He/She is employed.

Particulars of Dependent
Son/Daughter/Wife Name (with
relation)

.....
..... Deptt./Branch
..... Class
.....
... Roll No
.....

I hereby declare that the particulars given above are correct.

Signature of the Student

with date.Particulars

verified.

Head of the Department

FOR OFFICE USE ONLY

.....Son/Daughter/Wife of Sh./Smt
..... is a student of
.....Class in the..... Deptt., for
the session He/She may be exempted from payment of
full/half tuition fee for the sessionas per decision of the
Syndicate dated 16.5.1987

Asstt./O.S.A.
A.R.A./D.R.A.
F.D.O./D.U.I.

FEE CONCESSION FOR UNIVERSITY EMPLOYEE/WARDS/DEFENCE PERSONNEL/WARDS/BLIND PERSON/KILLED IN 1984 RIOTS & TERRORISTS VIOLENCE VICTIMS IN PUNJAB STATE

Name of the Candidate

Father's Name

Weather (1) University Confirmed employee (2) Defence Forces or Para Military Forces permanently disabled /killed in 1984 RIOTS (3) Blind Student (4) Terrorist Violence Victims in Punjab State

Name of Employee

Designation

Deptt./Branch

Name of the Dependent/wife/son/ daughter/minor brother/sister of University Confirmed Employee

His/Her Enrolment No. Class Session

Total pay per mensum (for PU employee only)

If brother/sister is also studying in the Department : (Yes/No) Y/N

Name

His/Her Enrolment No. Class Session

Para Military/Defence Unit

Signature Head of the Branch/Deptt./Officer Commanding of Unit
/C.M.O./Deputy Commissioner(with stamp and seal)

Signature of Employee

Date _____

DISQUALIFICATION

Candidate, if any disqualification was on in any University Examination or if any enquiry is pending in case of alleged use of unfair means etc say (Yes/No) Y/N if yes, mention

Name of Exam/Class Name of the University/Board

Year/Session Roll No.

Disqualification Period Years

AFFIDAVIT/UNDERTAKING TO BE SUBMITTED BY THE SC STUDENTS OF PUNJAB STATE,AT THE TIME OF ADMISSION

I _____ S/o _____ D/o _____
Smt./Sh. _____ R/o _____
_____ do hereby solemnly affirm and declare as under:-

- i. That I want to take admission in _____ (Class) vide Registration No. _____, Enrolment No. _____ in the Institute/Dept.of _____ Panjab University, Chandigarh for the Session 2022-23.
- ii. That I belong to Scheduled Caste category of Punjab State.
- iii. That I have not taken admission in any other course in the session 2022-23.
- iv. That I have not applied for Post Matric Scholarship in other course in 2022-23.
- v. That the annual family income of my parents /guardian from all sources is less than Rs. 2.5 lac.
- vi. That I want to avail the benefit of Post Matric Scholarship Scheme of Govt. of Punjab as per norms.
- vii. That I am not availing and availed any PMS for the same course (UG or PG)
- viii. That I shall submit the prescribed Post Matric Scholarship duly filled form along with supporting documents before due date as per my eligibility in the _____ course.
- ix. **For students studying in Self Finance Courses:** that I shall deposit the balance fee of Rs. _____ (figure) and _____ (in words) (to be filled in by the concerned department)to my department immediately within 30 days after receiving Post Matric Scholarship amount in my Bank Account reimbursed by the Punjab Government, failing which I shall be liable to pay balance fee with late fee charges as per University norms.

AND

For students studying in Normal Courses: that I shall deposit the entire admission fee including Examination Fee. of Rs. _____ (in figure) and _____ (in words) (to be filled in by the concerned department) to my department after receiving Post Matric Scholarship amount in my Bank Account reimbursed by the Punjab Government within 30 Days, failing which I shall be liable to pay balance fee with late fee charges as per University norms.

Deponent

Signature of Parents/Guardian

DECLARATION /VERIFICATION

Certified that, I _____ S/o, D/o Sh./Smt. _____ resident of _____ do hereby solemnly affirm and declare that the information /particulars given above are correct to the best of my knowledge and belief and nothing has been concealed therein.

Dated: _____

Deponent

**UNIVERSITY SCHOOL OF OPEN LEARNING
PANJAB UNIVERSITY, CHANDIGARH
SESSION – _____**

Application for refund of Library Security

A. Particulars of the application:

1. Name.....2. Father's Name.....
(In Capitals)
 3. Class.....4. Session.....5. Enrolment No.....
 6. University Receipt No.....Dated..... Amount.....
(with which the amount was deposited)
 7. Amount of refund claim: Rs..... (Rupees.....)
 8. Reason for claiming refund
.....
.....
 9. Bank A/C No. Name of the Bank
- IFSC Code.....(Attach the photocopy of first page of Bank Passbook)
- Address of the Applicant
-
.....

Signature of the applicant

Dated.....

Phone /Mobile No.....

B. (For use by the Department)

- I**
1. The particular at 'A' above have been Checked and found correct.
 2. The claim is in order.
 3. Remarks regarding admissibility of the refund Claimed.....
.....
 4. The refund of Rs..... may be allowed.

- II**
1. The Library Membership No..... of the applicant has been cancelled
 2. Nothing is due from the Applicant.

Asstt.Suptd.A.R.(USOL) Chairperson

Sr.Asstt./Library Clerk Asstt. Librarian

C. Pay order by Accounts Branch

Pay Rs.....
Budget Head ...“Library Security”.....
Budget Provision Exists” Yes”

Clerk Asstt, Suptd,

Pay order by Audit

Pay Order Verified

**UNIVERSITY SCHOOL OF OPEN LEARNING
PANJAB UNIVERSITY, CHANDIGARH**

Application for refund of Tuition/Examination Fee/Excess Amount, if any

A. Particulars of the Applicant:

1. Name.....2. Father's Name.....(In Capitals)
3. Class.....4. Session.....5. Enrollment No.....
6. University Receipt No (Attach Fee Slip).....Dated.....
Amount.....
(with which the amount was deposited)
7. Applicant Bank A/C No.IFSC Code
(Attach Passbook page bearing Account No and IFSC Code)
8. Amount of refund claim: Rs.....(Rupees.....)
9. Reason for claiming refund

.....
.....

Address of the Applicant /Candidate

.....
.....
.....

Signature of the Applicant

Dated.....

Phone /Mobile No.....

B. (For use by the Department)

- I.** 1.The particular at 'A' above have been
Checked and found correct.
2. The claim is in order.
3. Remarks regarding admissibility of the Refund
Claimed
.....
4. The refund of Rs may
be allowed.

- II.** 1. The library membershipNo.....
of the applicant has been cancelled.
2.Nothing is due from the Applicant.

Fee Clerk/Asstt. Supdt.

A.R.C.S./Chairperson

Library Clerk

Librarian

C. Remarks by the fee checking Section (USOL)

Fee Rs.....received vide Receipt No.....

Dated..... against enrollment No..... has been verified.

Tuition fee verification Clerk

Assistant Accounts

D. Pay order by Accounts Branch

Pay Rs.....
Budget Head.....
Refund.....
Budget Provision Exists.....
Clerk Asstt. Supdt.

Pay order by Audit