



# Office of the Principal Govt. Degree College Sopore

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## Financial Assistance Application Form

Name: \_\_\_\_\_

Parentage: \_\_\_\_\_

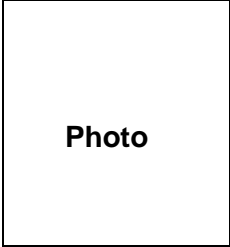
R/o: \_\_\_\_\_

Semester: \_\_\_\_\_ Roll no: \_\_\_\_\_ Stream: \_\_\_\_\_ Batch: \_\_\_\_\_

Category: \_\_\_\_\_ Mobile Number \_\_\_\_\_

Bank Account Number (All Digits):

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Bank Name and Branch: \_\_\_\_\_

Do you belong to any of following Category: (Tick whichever is applicable)?

- 1. **Orphan** 2. **Physically Challenged**
- 3. **AAI/PHH/BPL** Declaration of the

student:

The information given above is true to the best of my knowledge and belief. Further, I declare that I am not in receipt of any financial assistance from any funding agency.

**Signature of the student**

Report of the Committee

Verified and Applicant found Eligible under the Category .....

Members financial Aid

Committee 1.

2.

3.

4.

**Convener**  
Financial Aid Committee

Principal