

KIRORIMALCOLLEGE : DELHI-110007
(UNIVERSITY OF DELHI)

APPLICATION FORM FOR FEE CONCESSION

Academic Year 2019-2020

Eligibility Criterion for Application:

For General Students:

Students, whose parent's /guardian's combined gross annual income from all sources does not exceed Rs. 3, 00,000 per annum.

For SC/ST/OBC Students:

Students, whose parent's/guardian's combined gross annual income from all sources does not exceed Rs. 4,00,000 per annum.

NOTE: The applicant need not submit any documents along with the application form but will have to compulsorily produce at the time of the interview a proof of the gross annual income of the parents/guardian for the financial year from 01.04.2018 to 31.03.2019). This could be an income certificate issued by the competent authority /copy of income tax return / affidavit by parent/guardian disclosing the gross annual income. All documents should be countersigned by the parent/guardian and the applicant. No case will be processed without the proof of income.

A. Name and particulars of the Applicant:

Name: _____

Class: _____ College Roll No

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Subject:.....

Result*: (Passed/ Failed).....CGPA:.....

*(Attach a copy of the previous semester result)

Current Residential Address in Delhi NCR (or wherever the applicant regularly commutes from):

Mobile and Telephone No. _____

B. Applicant's Bank Account Detail:*

Name as per Bank Account (in Capital):

Account Number:

Name of the Bank:

Branch:

IFSC Code:

*(Please enclose copy of a cancelled cheque or photocopy of the front page of the passbook showing name, account number and IFSC code). **The Bank Account Number in the name of applicant is mandatory.**

C. Name, Occupation and address of earning Parents/Guardian:

(Write separately if both parents are earning)

(1) Name: _____ Occupation: _____

Home Address:

_____ Mobile / Tel No.:

(2) Name: _____ Occupation: _____

Home Address:

_____ Mobile / Tel No.:

D. Family Income and other relevant information

1. Total gross income/s of Parents/Guardians in the last financial year (2018-19):

2. Do you suffer from any Physical Challenge? Yes/No

If yes, please specify:

3. Do you belong to the SC/ST/OBC? Yes/No

(If yes, please specify SC/ST/OBC)

4. Are you presently receiving financial aid from any other source? Yes/No

(If so, please specify the source)

Name of school/college last attended: _____

Annual fees last paid in school:

Were you awarded any financial aid or fee concession then? **Yes/No**

If yes, please specify: _____

DECLARATION

I declare that the information furnished above is true to the best of my knowledge and belief. I am aware that if it is discovered at any stage that I have misrepresented or hidden relevant information, the Fee Concession awarded to me will be cancelled and I will be subject to disciplinary action as the college authorities may deem fit.

I understand that I will have to produce the relevant documents mentioned in Section D of the form (particularly the proof of income and whichever else applicable), without which my form will not be processed.

(Date)

(Student's Signature)