**UNIVERSITY OF KERALA**



**APPLICATION FOR FINANCIAL ASSISTANCE UNDER STUDENTS AID FUND**

*(For Degree, Post-Graduate Students and Professional College Students also)*

*Note:-* Applications should reach the Director of Student Services, University Students Centre, P.M.G. Jn., Thiruvananthapuram – 33 on or before 30th November each year. Applications received after the date will be summarily rejected. Students whose parent’s annual income is above **Rs 96,000**/- and Private study candidates need not apply. Students who enjoy any other Scholarship can also apply.

1. Name of applicant :
(in block letters)
2. Course of Study and academic year :
(Specify year also)
I year /II year / III year
3. College/University Department :
4. Date of birth & Age :
5. Name and full address of the Parent/Guardian :
(in block letters)
6. Occupation of Guardian :
7. Annual income of the Parent (Certificate from the
Village Officer. Original or copy attested :
by Principalshould be produced
8. Do you belong to the SC/ST Category :
9. Are you a recipient of any other Scholarship,
Stipend, aid etc. from the Govt., University :
or any other agency. If so give details
10. Amount of financial assistance requested
for (in words& figures) :
11. Purpose for which financial assistance is sought :
12. Details of other financial concessions availed
in the past year :

P.T.O.

 I declare that the particulars furnished above are correct and I will refund the amount to the University, if the particulars furnished by me are proved in-correct on verification.

 *Signature of the Applicant*

Place :

Date :

**CERTIFICATE**

 Certified that a sum of Rs. ................................................. (Rupees .............................. ..............................................................................................................) has been remitted to K.U.F. (S.A.F.) towards fees for Students Aid Fund collected from the students of this College for this academic year ............................ Vide chalan No. .................................... dated ......................

 *Recommended and forwarded*

 Principal/Head of the University Department

College Seal

**DEPARTMENT OF STUDENT SERVICES**

**For Office Use**

1. Rejected/not considered for the reason ....................................... & .............................................
2. Amount sanctioned Rs. .................at the meeting of the Committee on .......................................

**Director of Student Services**