NON-COLLEGIATE WOMEN'S EDUCATION BOARD UNIVERSITY OF DELHI

FINANCIAL AID FORM

ACADEMIC SESSION 2019-20

	TO BE FILLED BY THE CANDIDATE			
NAM	E OF ACCOUNT HOLDER			
	ATIONSHIPNAME OF BANK			
	CODENAME OF BRANCH			
	OUNT NUMBER			
NOTE: ATTACH PHOTOCOPY OF CANCELLED CHEQUE, FRONT PAGE OF PASSBOOK CONTAINING NAME, ACCOUNT NO., IFSC CODE, BPL CARD COPY/ INCOME CERTIFICATE				
	NAME OF THE TEACHING CENTRE			
1.	NAME OF STUDENTENROLMENT NO			
	COURSE B.A. (P) B.COM.			
2.	CLASS 1 ST YEAR 2 ND YEAR 3 RD YEAR			
3.	FATHER'S NAME			
4. 5.	CATEGORY: UR SC ST OBC PWD EWS RESIDENTIAL ADDRESS.			
6.	EMAIL ID MOBILE NO.			
7.	DATE OF BIRTH			
8.	8. LAST EXAMINATION PASSED			
9.	9. NAME OF SCHOOL LAST ATTENDED FOR CLASS XII TH			
10. TOTAL MARKS OBTAINED IN CLASS XII TH				
TOTAL MARKS OBTAINED IN B.A./B.COM. IST YEAR (IF APPLICABLE)				
TOTAL MARKS OBTAINED IN B.A./B.COM. IIND YEAR (IF APPLICABLE)				
NOTE: (ATTACH THE PHOTOCOPY OF MARKS SHEETS OF PREVIOUS YEARS)				
11.	. FAMILY INCOME (IN RUPEES)PER MONTH			
12.	FATHER'S OCCUPATION			
	MOTHER'S OCCUPATION.			
COMBINED ANNUAL INCOME OF FATHER/MOTHER/GUARDIAN				
13. BPL CARD NO.				
	NOTE: (ATTACH THE PHOTOCOPY)			
	NOTE: LAST DATE TO SUBMIT THIS FORM THROUGH TEACHING CENTRE IS 20TH DECEMBER, 2019			

14. DETAIL OF FAMILY MEMBERS DEPENDENT ON FATHER/MOTHER/GUARDIAN

S.NO. NAME	RELATIONSHIP	AGE	
1			
2			
3			
4			
5			
6			
ARE YOU GETTING FINANCIAL AID FROM ANY	OTHER SOURCE? YES	NO	
(IF, YES, GIVE DETAILS)			
I HEREBY DECLARE THAT THE INFORMATION GIVEN ABOVE IS CORRECT. IF ANY			
INFORMATION IS FOUND TO BE INCORRECT, MY CASE MAY NOT BE CONSIDERED.			
DATE SIGN. OF FATHER/MOTHER/GUARDIAN SIGN. OF THE CANDIDATE			
FOR OFFICE USE TEACHING CENTRE	FOR NCWEB OFFICE USE ONI	_Y	
REMARKS OF THE COMMITTEE AT THE TEACHING CENTRE	REMARKS OF THE COMMITTEE AT THE NCWEB BOARD OFFICE		
TEAHER-IN-CHARGE SIGNATURE WITH STAMP	DIRECTO SIGNATURE WI	R, NCWEB TH STAMP	