

DR. BHIM RAO AMBEDKAR COLLEGE (University of Delhi)

Main Wazirabad Road, Delhi-110094, Phones: 22814126, Telefax: 22814747 www.drbrambedkarcollege.ac.in, Email: info@drbrambedkarcollege.ac.in, brambedkarcollege.du@gmail.com

Ref. No.: BRAC/FeeConcession/2019-20/

Date: 06.09.2019

<u>NOTICE</u> Student's Aid/Fee Concession

Students who want to avail Fee Concession/Student's Aid are advised to fill up the required form available on College website (i.e. drbrambedkarcollege.ac.in) **latest by 20.09.2019** and submit the same in Computer Lab-IV (Mr.Kanishk Nautiyal).

(Dr. Manju Ailawadhi) Convenor Student's Welfare & Fee Concession Committee

M.S. Vals,

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Ann	lication Form for Fee	Concession 2019-20	
Student's Name:			
Course			
Permanent Address			
Contact No. (Mobile)	Landlir		
Category(SC/ST/OBC/PwD/C			
Family Background:		м ^с	
(i) Father's Name	Occupa	ationDe	signation
(ii) Mother's Name	Occupa	ationDes	signation
	an in our annul avera of the sel	$1 \rightarrow - (XI \rightarrow (XI \rightarrow)$	
(iii) whether Father or Mother (iv) Office Address (Father/N	er is an employee of this col	lege (Yes/No)	••••••
(iv) Office Address (Father/M	10ther)	lege (Yes/No).•	
(iv) Office Address (Father/N(v) Details of Family Member	Aother)		
(iv) Office Address (Father/M	10ther)	lege (Yes/No).• Occupati	
(iv) Office Address (Father/N(v) Details of Family Member	Aother)		
(iv) Office Address (Father/N(v) Details of Family Member	Aother)		
(iv) Office Address (Father/N(v) Details of Family Member	Aother)		
 (iv) Office Address (Father/N (v) Details of Family Member Relationship 	Aother)		
 (iv) Office Address (Father/N (v) Details of Family Member Relationship Details of Income & Expendit 	Aother) ers: Age	Occupati •	on
 (iv) Office Address (Father/N (v) Details of Family Member Relationship 	Aother) ers: Age	Occupati	on
 (iv) Office Address (Father/N (v) Details of Family Member Relationship Details of Income & Expendit 	Aother) ers: Age	Occupati •	on

8. Details of Scholarships availed in the past:

Year	Name of Scholarship	Amount (Rs.)
2018-19		
2017-18		
2016-17		

9. Details of marks obtained in the previous examination(s). (Enclose mark sheets)* :

Exam Passed	Board/University	Marks Percentage	Distinction
Intermediate (10+2)			
Ist Year			
IInd Year			

 10.
 Bank detail (must be in student's name) (Enclose a copy of Passbook/Cheque book*)

 Name of Bank:
 Account No.:

I hereby declare that all the above information is true and correct to the best of my knowledge and belief. If any of the above information is found incorrect or false, I shall be liable to bear any disciplinary action taken against me by the College including cancellation of form.

 Date:
 Signature of Parents.
 Signature of Applicant.

 * Note: All these documents are mandatory to enclose, failing which application will be rejected.