

NAGINDAS KHANDWALA COLLEGE OF COMMERCE, ARTS & MANAGEMENT STUDIES
AND SHANTABEN NAGINDAS KHANDWALA COLLEGE OF SCIENCE

APPLICATION FOR AID FROM STUDENTS' AID FUND

NO. _____
DATE : _____

FOR OFFICE USE ONLY :

Checked by : _____

Remarks by : _____

N.S.S.
Library
Exam. Section
Others

1. Name of the Student (in capital) : _____

2. Class/Div./Roll No. : _____

3. Father's/Guardian's Name & Residential Address : _____

4. Father's/Guardian's Annual Income : _____

5. Father's/Guardian's Profession/Service & Address : _____

6. Total number of Family members : _____

i) Earning : _____

ii) Non Earning : _____

7. Do you belong to : BC/SC/ST/NT/DT/OBC : _____

If yes, attach the certificate.

8. Are you employed?, If so :-

i) Name of the Employer : _____

ii) Office address : _____

iii) Monthly Salary : _____

iv) Nature of the job (Full/Part-time)

: _____

v) Hours of work : _____

9. Percentage of marks in previous two examinations : (Attach Xerox copies of Original
Marksheets)

Sr.No.	Name of the Exam	Year	Total Marks	Percentage (%)	Class /Grade
1.					
2.					

10. Extra-curricular Activities

: _____

11. What type of Aid do you need : Freeship/Scholarship/Text-books.

12. Any other information you would like to give in support of your need.

I agree to my Son's/Daughter's application for aid and
I promise to take the interest in his studies.

I agree to abide by the rules of
Students' Aid Fund

SIGNATURE OF FATHER / GUARDIAN

SIGNATURE OF STUDENT

Date : ____/____/____