OFFICE OF THE DEAN STUDENTS' WELFARE

UNIVERSITY OF DELHI

Application Form for the Financial Support Scheme (FSS)

(Ref. DU Notification. Acad-I/Fee Waiver /SSSV/753, dated 11.11.2022)

Photo	

Name o	of the Applicant:						
Univers	sity Enrolment Nur	nber:	Category Applied	l for (1)	upto 50% (2	2) upto 10	0%
Course	and Semester:						
Centre/	Institute/Departme	nt:					
Academ	nic Record of Last	Examination P	assed:				
S.No.	Course/ Semester	Month &Year	Institute/ Departme	ent	CGPA obtained		
Email A	Address:		Mobile Number: _	•		_	
I declar	e that there is no p	ending ER/ Arr	ear paper of previous ex	aminat	ion.		
Signatu Date:	ire of the applicar To be cer		l of Departments/ Instit	tution/	<u>Centres</u>		
			i			student	
instituti The fac	on ts stated by him/he		pursuing course		Semeste	r	·
The fac	is stated by min ne	r are correct as	per office record.				
			Sign	ature c	of the Head (with stan	np)
Enclosu	re Checklist						
2. (C 3. (C 4. (C	by Tehsildar or equivaler (b) Copy of ITR of parent Copies of mark sheet of the Copy of bonafide student Copy of Fee Receipt men	nt Competent Authouts, wherever applicate last exam passed certificate in Degretioning the amount of		assessmen	nt		
٦. ١	Copy of Dank Fass Book s	mowing the student S I	name, Account number, It'se code a	na motog	rapii pasicu at iile a	ppropriate pia	