

Application for Free Studentship (2019-2020)

Name of the Applicant	:	
Address:		
Major:	Course:	Semester:
Year of Passing (Last Examination):		Percentage/GPA:
E-mail ID:		Mobile No:
Father's Name:		
Mother's Name:		Family Income:
•	exceed Rs.4000/- per mon Officer or Secretary of Muni-	th, income certificate issued by BDO or any equivalent cipality etc.)
Reason for Applying Free Studentship:		
benefit I shall inform i) Photocopy	the University Author	ority. I enclose the following document. previous examinations
Signature of the Studer	nt	
Remarks of the HOD:		
Signature of Head of the Department with Rubber Stamp		
Remarks of the Dean o	f Students:	
Signature of Dean of S	tudents with Rubber Sta	Date: