## SACRED HEART COLLEGE (AUTONOMOUS), THEVARA, KOCHI—682013

Application form for Financial Assistance for Academic Work

## **PERSONAL DETAILS**

Name of Student								
Course of Study & Year of Joining								
Date of Birth		Contact No.						
Present Semester		Roll No						
Religion and Community								
Name of the Parent/Guardian		Contact No.						
Whether staying in College Hostel? : Yes/No								
If No, address of residence :								
Whether eligible for receiving financial assistance from other sources? Yes/ No								
If yes, details of assistance received/ receivable: Rs								
ACADEMIC DETAILS								
Name of the institution	Course	Marks obtained (%)	Year of passing	No. of attempts				
Percentage of marks obtained in	Sem 1:	Sem 2: Sem 3:						
the present course:	Sem 4 :	Sem 5:	Sem 6:					
	Sem 7 :	Sem 8:	Sem 9:					
	Sem 10 :							
INCOME DETAILS								
Name of Father & Occupation		Monthly Income :						
Name of Mother & Occupation		Monthly Income :						
Details of other family members (Brothers and Sisters):								
	Name	Occupation		Monthly Income				

	Item	F	ees Paid	Fees to be paid				
Total amount of financial assistance requested for Semester : Rs.								
Additional Assistance required: Lunch	/Books/Study related articles :							
<u>DECLARATION</u>								
I hereby declare that the information given above is true and accurate to the best of my knowledge. Further, I also hereby agree to repay the financial assistance received by me, as and when I start earning and income from employment or other sou- cre s. I also agree to keep the Sacred heart College informed about my whereabouts and address after I leave the college on completion of my course of studies.								
Signature of Applicant :		Name						
Signature of parent/ guardian:		Name						
Permanent address of applicant & Pho	one :							
RECOMMENDATION BY THE CLASS TEACHER								
Academic Performance of the applica	nt:							
General Conduct of the applicant:								
Applicant's financial background:								
Remarks if any:								
Name & Signature:			Contact No.					
Forwarding remarks of HoD								
Name & Signature:			Contact No.					
	FOR OFFICE USE (	ONLY						
Remarks of the Welfare Fund Commit	tee:							
Educational Assistance	: Granted/ Not Granted							
Amount sanctioned: Rs Lunch/Books/ Study related articles:								

Principal

Date

Convener

Details of fees (Tuition/Hostel/others, including cost of books etc.) for the course during semester