

E-mail: principal@amarsinghcollege.ac.in

### Govt of Jammu & Kashmir Office of the Principal Amar Singh College

ClusterUniversitySrinagar GogjiBagh,Srinagar-190008(J&K)

Website:www.amarsinghcollege.ac.in

Tel No: 0194-2310227

No:ASC/Edu/24/2,570 Dated: 05-02-2025



#### **FinancialAid**

Annually College reaches out to enrolled students and offers financial assistance for various categories. Accordingly, applications are invited from the regular students of UG 1<sup>st</sup> semester (3+1) Honors, 3<sup>rd</sup>& 5<sup>th</sup> for financial assistance for the financial year 2024-25

#### Categories

- 01. Orphan (ORP).
- 02. Broken Family(BF)
- 03. AAY/EWS
- 04. Specially Abled (SA)

The application form is attached with the notice and can also be downloaded from the College website <a href="www.amarsinghcollege.ac.in">www.amarsinghcollege.ac.in</a>. The filled in application forms should be deposited in the Library Department of the College during working hours from 06<sup>th</sup> February 2025 to 10<sup>th</sup> March 2025 along with the following certificates.

- 01. Death certificate (in case of orphan)
- 02. Category certificate (issued by the competent authority)
- 03. Income certificate (by competent authority)
- 04. 16 digit account no (Only J&K Bank & front page of Bank Passbook)
- 05. Identity proof (Aadhaar card)
- 06. College fee receipt.
- 07. Ration Card (E-ticket)

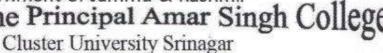
In case of any query contact Mr. Imtiyaz Ahmad Bhat (7006689014)

Those students who have already applied in response to the Notice No.ASC/Edu/24/2223, dated: 26-12-24 need not to apply again.

Principal Pos. 02.25



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Space for Passport size

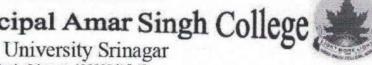
#### Application form for grant of financial aid for the year 2024-2025

Photograph Part I Application No. ASC/FANo/ CAT: ORP/SA/AAY/BF: 1: Full Name: (in block letters) as per 10th Class Marks Certificate 2: Father / Guardian's Name: 3. Mother's Name: 4: Address Mohalla/Street Village Tehsil District Pin Code Aadhar Number 5: Contact No. of the Student: 6: Date of Birth: 7: Occupation of Father/Guardian: 8: Monthly Income from all sources 9. E-mail ID: 10: Details of Saving Bank Account of Student: (Only J&K Bank) i). Name of the Bank with Address : ii). Branch: ----A/C Type: iii). IFSC Code: --Account No.(16 digits):



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Part-II								
11. Details of course for	which Sci	olarship	is being	sought (Compuls	огу) :			
i). Name of the Course/l				The second second				
ii). Date of Admission: .								
iii). Academic Year:								
iv). Semester:								
V). Registration Number								
vi). Whether Hosteller /								
			· '4					
			1					
	.,*						In-charge Adn	ussion Section
Part-III				V				
				<b>Verifica</b>	ttion			
Conford at an								
Certified that: a) The information	filled	in the	above	mentioned S/o/D/o.	columns	in	respect	of Mr. / M
R/o.	A War so				admitted in		course for t	he academic
Verification Officer						Conv	ener Financial A	id Committee
Part-IV	H- W							
a. I hereby declare that b. I shall abide by the c. I undertake that if, warranted under ru	t the inform terms & cor at any stage	nditions for , it is fou	or sanction of that the	on of the financial ne information give	aid. en by me is fals	e then i	shall be liable for	
				2.00			Signature of the	a student
				Rece	int		Signature of the	e siddeni
i). Name of the Student:								
ii). Parentage:								
iii). Program:								
iv). Semester:				•••••••		*******		***************************************
V). Roll No								
vi). Category:								
vii). Application No.	: ASC/SC	ш. No	• • • • • • • • •					

Signature of Receiving Officer



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# Student's Undertaking for Scholarship Eligibility Declaration:

I, the undersigned, hereby solemnly declare and affirm that I have not been a recipient of any scholarship during the odd semesters (1st, 3rd, 5th, 7th, and 9th) of the current academic year 2024-25. I acknowledge that receiving multiple scholarships within the same academic year may contravene the institutional guidelines and regulations.

I further affirm that all information provided herein is accurate and truthful to the best of my knowledge. I understand and agree that any false declaration or discrepancy discovered in the information provided by me will render me personally liable and subject to disciplinary actions as deemed appropriate by the institution.

Details:	10 20		
Name of the Student:			
Class / Semester:			
Major Subject:			
Batch:	4.7		
Class Roll Number:	A THE WAY		100
Mobile Number:		A CONTRACTOR OF THE SECOND	10

## Acknowledgment

I, the undersigned, have read and understood the above declaration and undertake to abide by it in its entirety. I am fully aware of the consequences that may arise from any breach of this undertaking.

Student's Signatu	¢;	-
Date:	9	
Date.		

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