APPLICATION FORM FOR FINANCIAL ASSISTANCE FROM BENEVOLENT FUND
(Revised on 2nd Apr 2016)

1. Name in full: ............................................................ Regn. No. .................

2. Parent’s name ............................................................ Phone No. .................
   (F/M/G#):

3. Dept./Branch ............................................................ Sem/Sec. .................

4. Email ID ............................................................ Phone No. .................

5. Hosteller/Day scholar. If hosteller, specify the Hostel/Room No: ........................................

6. (i) Valid reason(s) for requesting the extension for fess payment.
   ............................................................................................................................
   ............................................................................................................................
   ............................................................................................................................

   (ii) Date by which the last fees was paid: .................

7. Supporting Documents attached.
   (i) Death Certificate of Parent verified by OS with original: Yes/No
   (ii) Income Certificate from competent Govt. authority: Yes/No
   (iii) Affidavit by First Class Magistrate: Yes/No
   (iv) Results with mark sheet of last examination verified by DCE (Tech): Yes/No

8. Total nos. of backlogs: ............................................................

9. Signature of the student: ............................................................ Date: .................

10. Remarks by FE, SMIT about outstanding fees if any: ............................................................

11. Recommended by HOD/ Dean (A)*: ............................................................ Date: .................

12. Approved by Director/ Dean (A): ............................................................ Date: .................

13. Duly filled in application endorsed/approved by the competent authorities along with supporting documents as stated above shall be submitted to the AR(A) for record and further actions.[Contact No: 03592-246145 OR 03592-246117/246118/246119/246120 ext: 270]

# F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable
* Dean (A) only for 1st. year students and HODs for Higher semester students.