ANNEXURE – II

APPLICATION FORM FOR FINANCIAL ASSISTANCE UNDER "BABA GURBACHAN SINGH SCHOLARSHIP SCHEME" OF SNM: 2026 – 2027

PLEASE FOLLOW INSTRUCTIONS AS GIVEN BELOW:

- Complete this form neatly in your own handwriting in block letters.
- Documents as per checklist to be attached.
- **All columns to be filled as incomplete form will not be accepted.**

PASTE RECENT PASSPORT SIZE PHOTO HERE

PART-I (Personal Information)

1. Name of the Student : _____
2. Date of Birth : _____
3. Male/Female : _____
4. Permanent Address : _____
   _____
5. Correspondence Address : _____
   _____
6. E-Mail of Student : _____
7. Contact No. :(Mob.1)_____(Mob.2) _____
8. Name of the Course : _____
9. Duration of the Course: _____ Present Year (I/II/III) & Sem _____
10. Name and Address of the Institute : _____
11. E-Mail Id of the Institute : _____
12. Rank/Percentage/Score in Entrance Examination: _____
13. Whether admission taken under Management/Convener or any other Quota Scheme: (Yes/No) : ___
14. Admission Category (Delhi/Out Side Delhi & SC/ST/OBC/PH/GEN/Kashmiri Migrant, etc.): _____
15. Have you received any financial assistance under this Scheme from Sant Nirankari Mandal in the last year: (Yes/No). If yes, please mention the amount received: Rs._____ in words _____
16. **Bank Account Details (the bank account must be in the name of applicant):**
    i) Bank Account No. _____
    ii) Name & Address of the Branch/ Bank _____
    iii) IFSC code of the Bank/ Branch: _____
17. From where did you come to know about this Scheme?

S. No.	Reference	Address	Contact No.
1.			
2.			

18. **Educational Qualification**:

S. No.	Degree / Examination Passed	Board / University	Name & Address of School / College	Year of passing & Semester	%age (semester wise)
1	10th				
2	12th				
3	Graduation course: _____				
4	Any other : _____				

PART-II

S. No.	PARTICULARS FOR ASSESSMENT OF ECONOMIC CONDITION OF FAMILY	
1.	**FAMILY ANNUAL INCOME**	Rs. _____ /- (as per certificate issued by the SDM / Tehsildar / BDO)
2.	**DETAILS OF FATHER / GUARDIAN / MOTHER** ✓ **(Please tick) [ ] FATHER / [ ] GUARDIAN** Name: _____ Age: _____ Mobile No. _____ Qualification: _____Occupation: _____ Name & Address of Employer: _____ _____ Monthly Income: _____ / if retired, Monthly Pension (Rs.) _____ **(In case Father passed away, enclose a copy of death certificate)**	
3.	**MOTHER** Name: _____ Age: _____ Mobile No. _____ Qualification:_____ Occupation: _____ Name & Address of Employer: _____ _____ Monthly Income: _____ / if retired, Monthly Pension (Rs.) _____ **(In case Mother passed away, enclose a copy of death certificate)**	

4. **A. DETAILS OF SIBLINGS**

S. No	Name	Age	Studying OR Working	Marital Status	If studying, mention School Name & Annual Fee	Annual Income, if working
1.						
2.						
3.						

B. Whether the applicant is a "Single Girl Child"? _____

5. **A. DETAILS OF DEPENDENTS IN FAMILY**

S. No	Name	Age	Relationship
1.			
2.			
3.			
4.			

6. **A. STATUS OF FAMILY / SOURCES OF INCOME** _____
_____
_____
_____

B. DETAILS OF LOCALITY & ACCOMMODATION

a. Name of locality of accommodation: _____

b. Nature of accommodation Rented or owned: _____

c. Total Plot Area of House (Sq Mtr.): _____

d. Total carpet area of Flat / Floor (Sq Mtr.): _____

e. If any floor given on rent? If Yes, mention the monthly rent: Rs. _____

f. Is there any shop in house? if yes, details of business running & monthly income :

_____

C. DETAILS OF PROPERTY

a. Agricultural land (Mention the area size and city): _____

b. Any other immovable property of family: _____

7. **DETAIL OF ANY OTHER SCHOLARSHIP / FINANCIAL ASSISTANCE RECD.**

S. No	Name & Address of the Organization	Amount of Monthly / Annually Assistance Received	Period of Assistance
1.			
2.			
3.			

Any other relevant information for requirement of financial assistance

_____

_____

*** Note- Applicant may enclose documentary proof, if any, for justifying their economic condition and financial requirement of family.**

UNDERTAKING

"I hereby declare that the above mentioned information furnished by me is true and correct to the best of my knowledge and belief. If any information provided in the application form is found incorrect at any stage or if it is found that I had failed in any one or more of the subjects of the University examinations on the last date of submission of application or otherwise was ineligible to be considered for financial assistance under this scheme, my application may be rejected and amount, if any, received by me from SNM shall be refunded along with penalty, as decided by Sant Nirankari Mandal. This is without prejudice to other disciplinary and other legal measures with SNM may take besides the refund of the financial assistance received."

(Signature of Student with date) **(Signature of Parents/Guardian with date)**

(Sanyojak / Zonal Incharge)

PART- III

Format for Affidavit

(On Non-Judicial Stamp Paper of Rs. 10/- duly attested by Notary Public)

I/My ward_____(Name of the candidate), Son/Daughter/Wife of _____(Father's/Husband's Name) Resident of _____ _____(Permanent address) seeking grant of financial assistance under the "Baba Gurbachan Singh Scholarship Scheme" of Sant Nirankari Mandal, hereby solemnly affirm and declare

1. That the total Annual Income of my family from all sources is not more than Rs. 5,00,000/-.
2. That the candidate has not been granted scholarship under any scheme of other private organization or religious or spiritual organization or Government authorities. If taking Financial Assistance from other source kindly mention Amount Rs. _____ from _____ (Organization Name).
3. That the applicant does not have the status of failure in any subjects of any semester(s) on the date of swearing of this affidavit.
4. That the applicant fulfills all the eligibility norms / conditions notified in the guidelines for grant of financial assistance under the "Baba Gurbachan Singh Scholarship Scheme" of Sant Nirankari Mandal.

Deponent

VERIFICATION:

Verified at _____ (Place) on_____ (Date, Month, Year).

That the contents of the above Affidavit are true and correct to the best of my knowledge and belief. No part of it is false and nothing material information has been concealed there from.

Deponent

Note:

(i) In case the candidate is minor i.e. below 18 years of age; in that case, the affidavit shall be signed by his/her parent/guardian.

(ii) Submission of false affidavit is punishable offence. If it is found at any stage that false affidavit was submitted, Scholarship shall be cancelled/recovered back and legal proceedings shall be initiated, for which candidate/parent/guardian shall be responsible.