

# **GOBINDGARH PUBLIC COLLEGE, ALOUR (KHANNA)**

## **Diwang /Physically handicapped (For all the streams) Scholarship Form**

1. Name of Student: .....
2. Father's Name : .....
3. Mother's Name: .....
4. Percentage of Disability.....
5. Class: .....Roll No: ..... Category: .....
6. Marks in 10+2 ..... I year ..... II Year .....
7. Address and Tel. Phone No. & E-Mail.....  
.....  
.....
8. Adhar Card No. ....

### Declaration by Student:

The Information provided above is true to the best of my knowledge. If any information is found to be false at any stage, then Fee Concession or Financial Aid provided to me can be withdrawn at any time by the college.

\_\_\_\_\_  
(Signature of Father/Guardian)

\_\_\_\_\_  
(Signature of Student)

Scholarship amount will be deducted in college fees. Cash scholarships will be awarded only to those who will deposit full semester fee. Candidate can avail only one scholarship at a time as per his/ her choice.

❖ **Students are required to attach Medical Certificate and percentage of disability duly certified by Civil Surgeon.**

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### **Remarks by Committee**

(Signature)

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### **Final Sanction**

**(Principal)**

**(Chairman)**