



**SNU**  
SISTER NIVEDITA  
UNIVERSITY

DG 1/2, Action Area I, New Town, Kolkata, West Bengal -700156

**Application No: SNU/FAS/...../.....**  
*For Office Use only*

**APPLICATION FORM TO AVAIL  
FINANCIAL AID & SCHOLARSHIP**

Name of the Applicant:	
Student ID:	Registration Number:
Program:	Year of Admission:
Contact No:	E-mail ID:

Scheme Applying for (Tick the correct one)			List of documents Enclosed in support of application <input type="checkbox"/>	
Sl. No	Category	Tick	Sl. No	Documents Enclosed
1	SNU Merit Scholarship	<input type="checkbox"/>	1	ANNEXURE 1: Declaration Form
2	SNU Talent Scholarship	<input type="checkbox"/>	2	
3	Chancellor Merit cum Means Scholarship	<input type="checkbox"/>	3	
4	SNU Scholarship Scheme for Alumni	<input type="checkbox"/>	4	
5	Any Other Scholarship	<input type="checkbox"/>	5	

**DECLARATION:** I ..... solemnly confirm that the information furnished by me is correct to the best of my knowledge and belief.

Place: .....

Date: .....

.....  
Signature of the Applicant

*For Office Use Only*  
*-Approvals-*

.....  
CHIEF ADMISSION OFFICER

.....  
DY. REGISTRAR

.....  
CHIEF FINANCIAL OFFICER

.....  
REGISTRAR

.....  
OSD TO THE CHANCELLOR

.....  
VICE CHANCELLOR

Remarks (If Any):

.....

**Application No: SNU/FAS/...../.....**

*Receipt copy (to be filled by the Officials)*

**APPLICATION FORM TO AVAIL FINANCIAL AID & SCHOLARSHIP**

Name of the Applicant:	
Student ID:	Registration No:
Program:	

.....  
Received by (Name)

.....  
Signature with Date

.....  
Reporting Date & Time



DG 1/2, Action Area I, New Town, Kolkata, West Bengal -700156

ANNEXURE 1

Format for Declaration by an awardee of Financial Aid & Scholarship Schemes

I,..... son/daughter of .....,
residing at ....., do
solemnly affirm and pledge that on successfully completing my academic programme at Sister
Nivedita University and after being successfully placed in my future career, I shall be socially
responsible to support a needy / economically challenged student in all respect including financial
support, so that he/she can continue education and ensure that he/she is not left behind.

Signature of the Applicant:

Signature of the Parent/guardian

Name of the Applicant

Name of the Parent/guardian

Date: .....

Date: .....

Place: .....

Place: .....