

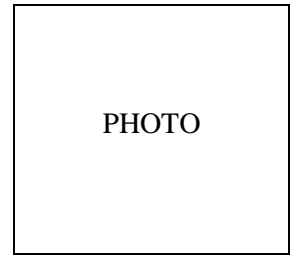
Student ID.....



UNIVERSITY OF LUCKNOW

VC CARE FUND

Application Form



Faculty/Institute.....

Fee: First Installment Details

Year.....

Receipt No.....

Amount.....

Date.....

- 1. Student's Name:
- 2. Class/ Year/Session:
- 3. Mobile Number/ E-mail Id:
- 4. Permanent Address:
- 5. Father/Guardian's Name:

 - a. Occupation:
 - b. Family Annual Income:

6. Number of siblings studying in University of Lucknow or in other Universities.....

7. Past examinations result details:-

Examination	Passing Year	Percentage	Examination	Passing Year	Percentage
High School			Graduation(Third)		
Intermediate			Graduation(Fourth)		
Graduation(First)			Post-graduation		
Graduation(Second)			Others		

8. Give reference of a person known and can be contacted to verify the credentials.

Name and Address:
Contact Number/Email:

9. Mention the amount requested and justification (max. 200 words):<Annexure-1>

Date:

Student's Signature

Instructions:

Enclosures required :-

- a) Self-attested copy of first installment of fee receipt.
- b) Self-attested copies of all mark sheets and certificates mentioned in Point #7.
- c) Self-attested Annexure-1, refer to Point #9.
- d) Self-attested copy of any other relevant document mentioned in Point #9.
- e) Self-Attested Declaration Form (Annexure-2).
- f) NOC/Character certificate from the Proctor office.

Note: Facts if found false or misleading will lead to disciplinary actions as per rules.

Dean/Head of department contentment

(For DSW office use only)

University of Lucknow, Lucknow

(Receipt of Application form for VC CARE Fund)

- 1. Student's Name:
- 2. Father's/Guardian's Name:
- 3. Class/Year/Session:
- 4. Student Id/University Roll Number:
- 5. Application Number allotted:

Signature of competent authority with date

Annexure-2

Self-Attested Declaration Form

I daughter/son of
date of birth address
police station district declare that all the
information given in the application form for availing grant under the VC CARE Fund are TRUE to the best of
my knowledge. I also declare that I am not availing any other fellowship/scholarship, fee waiver or any other
type of financial support from University or any other sources and I am a regular student of University of
Lucknow, Lucknow.

Date:

Student's Name

Signature

Department/Institute Name:

Student ID/University Roll Number: