Application for Financial Assistance

MoU/AoC with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Name of the University)

* 1. **Name (in Capital Letters) -----------------------------------------**
	2. **Male/Female \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	3. **Centre/School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	4. **Programme of Study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	5. **No. of Semesters completed**

**In the present programme of study \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* 1. **CGPA upto last completed semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	2. **Date of Admission to the present programme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	3. **Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	4. **Whether funds required for Air Travel or Other expenses\_\_\_\_\_\_\_\_\_\_\_\_**
	5. **Name of the University to be visited\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	6. **Period of Stay \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	7. **Amount of Financial Assistance required\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR PH.D. STUDENTS ONLY**

* 1. **Date of Admission to Ph.D. programme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	2. **Date of Confirmation to Ph.D. programme \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Please enclose a copy of letter issued by the School)**

* 1. **Topic of Thesi­­­­­­­­­­­­­­­­­­­­­­­­S \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
	2. **Whether recipient of any fellowship/scholarship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please enclose “Statement of Motivation)**

**I hereby declare that I have not availed of the financial assistance through International Collaboration Office of Jawaharlal Nehru University during my studentship for visiting any foreign university under MoU/AoC. In case my declaration is found to be untrue at any later date, I am aware that I will have to return full amount of financial assistance with penal interest to the university.**

**Signature of the Student**

**(FOR USE IN THE OFFICER OF THE SCHOOL / SPL. CENTRE)**

Certified that the particulars furnished by the student as mentioned above have been verified from the records for the School.

**Date………………………………………… (Signature of the A.O. of the School)**

**Recommendation of the Centre/School)**

Detailed recommendations of the Supervisor: ……………………………………………………………..............

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**Date………………………………………… (Signature of the Supervisor)**

Recommendations of Chairperson: ……………………………………………………………………………………….....

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**Date………………………………………… (Signature of the Chairperson)**

Recommendations of Dean: ………………………………………………………………………………………………………

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**Date………………………………………… (Signature of the Dean)**