



शहीद भगत सिंह सांध्य महाविद्यालय

SHAHEED BHAGAT SINGH EVENING COLLEGE

(दिल्ली विश्वविद्यालय) (University of Delhi)

NAAC द्वारा 'A' श्रेणी प्राप्त, NAAC Accredited 'A' Grade

शेख सराए, फेज-II, नई दिल्ली-110017, SHEIKH SARAI, PHASE-II, NEW DELHI-110017

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UNDERTAKING FOR STUDENTS' AID FUND: 2025-26

I, _____ (Name of the Student), son/daughter of
_____ (Parent's/Guardian's Name), a student of
_____ (Course/Year), Roll No. _____, do hereby undertake
that:

1. I am fully aware of the rules and regulations of the College/University regarding attendance. The documents submitted by me alongwith application are true and correct to the best of my knowledge.
2. I undertake that I have met/ will meet the minimum attendance requirement of 66.67% as prescribed by College.
3. I further undertake that if I fail to maintain the minimum attendance requirement of 66.67%, the College shall have the right to recover the entire amount of financial assistance sanctioned to me from the Students' Aid Fund, and I will deposit the same without any objection.
4. I assure that I shall abide by the above undertaking throughout my course of study in the College.

I also declare that I have not concealed any information, and I am not availing financial assistance, student aid, or any other scholarship from any other Institution/ Government/ Private body/ Agency.

Date: _____

Place: _____

Signature of the Student: _____

Name of the Student: _____

Course & Year: _____

Roll No.: _____



SHAHEED BHAGAT SINGH (EVENING) COLLEGE

(University of Delhi)

APPLICATION FOR STUDENT AID FUND 2025-2026

Passport Size
Photo

Note: The applicant is required to fill in the forms in his/her own handwriting carefully and correctly. Any statement made in this application, discovered to be incorrect at any time will render the applicant liable to disciplinary action.

1. Name of the applicant (in block letters): _____
College Roll No. _____ Course/Year: _____
2. Father's Name: _____ Occupation/Designation: _____
Income (annually): _____ Education: _____
3. Who is Supporting the Applicant: _____ Relation: _____
Occupation of the Supporter: _____ Occupation/Designation: _____
Total Income Including allowances: _____
4. Number of Dependents on supporters: _____
Studying in College: _____ In School: _____ Nowhere: _____
5. Were you enjoying Student Aid Fund in the previous class? If so, state the amount: _____
6. No. of Encls.: _____

Date: _____ Mobile No. _____

Signature of the Applicant

DECLARATION

I hereby declare that the particulars given above are correct to the best of my knowledge and belief.

Date: _____

Signature of the Applicant

RECOMMENDATION OF THE CONVENER, Rs.. _____

CONVENER, SAF COMMITTEE

PRINCIPAL