Lovely Professional University, Punjab

Form-1: Application Form for Financial Aid to Orphans-2022

Registration No.: _____ *(Registration No. in case already taken admission)*   **Date:** _____

Applicant Name: _____

Father's Name: _____

Category of Applicant: ☐ General   ☐ SC ☐ ST ☐ OBC;   **Date of Birth:** _____ *(DD/MM/YYYY)*

Programme interested: _____
(Refer Annexure-B: List of Programmes for Scholarship offered to Orphan Applicant)

Educational Qualification: _____ *(course name)*; _____ *(percentage marks)*

Previous Education Qualification: _____ *(course name)*; _____ *(percentage marks)*

The details of Sibling of the applicant (living with applicant or separately)

a. Brother(s) _____; Age: _____; Education Qualification: _____; Marital Status: _____
      (Number of brother)   (in years)   (10th/12th/Diploma/UG/PG/PhD etc.)   (Unmarried/ Married)

b. Sister(s) _____; Age: _____; Education Qualification: _____; Marital Status: _____
      (Number of sister)   (in years)   (10th/12th/Diploma/UG/PG/PhD etc.)   (Unmarried/ Married)

Documents Checklist:

c. Death Certificate of Father: _____ *(Submitted/ Not Applicable)*; Cause of Death: _____

d. Death Certificate of Mother: _____ *(Submitted/ Not Applicable)*; Cause of Death: _____

e. Income Declaration Form of Guardian/ Self *(if employed)*: Rs. _____ Annual Income *(All sources)*

f. Letter/ Certificate from Government approved Orphanage *(if applicable)*; _____ *(Submitted/ Not Applicable)*

g. Affidavit from Executive Magistrate *(If applicable)*; _____ *(Submitted/ Not Submitted)*
      (The affidavit is mandatory for applicant not legally adopted or not living in government approved orphanage, and/or where death certificate(s) of parent not available or abandoned Child)

h. Educational Qualification (Marksheet): _____ *(Submitted/ Not Submitted)*

i. Any Other Document(s): _____

Declaration:

I do hereby declare that all the information either mentioned above or in enclosed documents are true & correct to the best of my knowledge and nothing has been concealed therein. I very well know the fact that if any information is found to be false & incorrect then I will be liable to be punished under Law in Force and any benefits received by me will be liable to be ceased.

Place: _____

Deponent
(Signature and Date)