**Annexure-2**

**University of Mumbai**

**Application for Karmaveer Bhaurao Patil Earn and Learn Scheme**

**Academic Year:**

Affix Latest Passport Size Coloured Photograph

To,

The Head/Director,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University of Mumbai

**Subject: Application for Karmaveer Bhaurao Patil Earn and Learn Scheme**

Respected Sir,

I am hereby submitting the application for Karmaveer Bhaurao PatilEarn and Learn Scheme. Kindly consider my application and place before the Scrutiny Committee.

My details are as under-

|  |  |
| --- | --- |
| Full Name |  |
|  | (Surname) (Middle Name) (Father’s/Husband’s Name) (Mother’s Name) |
| Department |  |
| Course |  |
| Class |  |
| Roll No. |  |
| P.G./M.Phil./Ph.D.  Registration Number |  |
| Date of Birth | / / |
| Annual Income of the Family (Including all Family Members) for Last Financial Year |  |
| Permanent Address |  |
| Present Address |  |

|  |  |
| --- | --- |
| Mobile Number |  |
| Alternative Mobile Number  (If Any) |  |
| WhatsApp Number |  |
| Email |  |
| Amount of Fees Paid for the Course | Rs. |
| Name of the Hostel (If Residing in Hostel) |  |
| Address of the Hostel (If Residing in Hostel) |  |
| Phone Number of the Hostel (If Residing in Hostel) |  |
| Type of the Hostel (If Residing in Hostel)  (Government/University/Private) |  |
| Monthly Fees Paid for Accommodation at the Hostel | Rs. |
| Half Yearly Fees Paid for Accommodation at the Hostel | Rs. |
| Have you Received any Scholarship/Freeship from Government Authorities in the Current Academic Year? (Yes/No) |  |
| If Yes Give Details of Scholarship/Freeship |  |
| Name of the Scholarship/Freeship |  |
| Name of the Government Authority |  |
| Amount Sanctioned |  |
| AADHAR Card Number |  |
| PAN Card Number |  |

**C) Details of Bank Account of Student**

|  |  |
| --- | --- |
| Name of the Bank |  |
| Name of the Branch |  |
| Complete Bank Account Number |  |
| IFSC Code |  |

**Declaration from the Student**

I hereby declare that the above information furnished by me is true to the best of my knowledge. In case if it is turned false I am personally responsible for the punishment and liable to be discontinued from receiving any benefit whatsoever.

Signature and Name of the Student

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Place |  |  |  |  |  |
|  |  |  |  |  |  |
| Date |  |  |  |  |  |