Govt. Degree College Sogam

NAAC Accredited Grade B+

Financial Assistance Application Form Session 2026-27

Name: _____

Parentage:_____

R/o:_____

Semester:_____Roll no_____Stream_____Batch_____

Category:_____Mobile Number_____

Bank Account Number :(16 Digit)

Bank Name and Branch: _____

Do you belong to any of following Category: (Tick whichever is applicable)

1. **Orphan/Broken Family**
2. **Differently Abled**
3. **EWS/AAY**

Declaration of the student:

The information given above is true to the best of my knowledge and belief. Further, I declare that I am not in receipt of any financial assistance from any funding agency.

Signature of the student

Report of the Committee

Verified and Applicant found Eligible under the Category

1	2	3

Not eligible

Members financial Aid Committee

1.
2.
3.
4.

Convener
Financial Aid Committee

Principal
GDC SOGAM