विश्वभारती
विश्वभारती
Visva-Bharati

आचार्य: श्री नरेंद्र मोदी
ACHARYA (CHANCELLOR)
SHRI NARENDRA MODI

संस्थापक: रवीन्द्रनाथ ठाकुर
Founder: Rabindranath Tagore

उपाचार्य: डॉ. प्रबीर कुमार घोष
UPACHARYA (VICE-CHANCELLOR)
DR. PROBIR KUMAR GHOSH

OFFICE OF THE DIRECTOR, PSNS
VISVA-BHARATI

NOTICE

Applications are invited in the prescribed format from regular Bonafide students of the University for applying need-based financial assistance out of the **"Students' Aid Fund"** of the University. Duly filled-in forms forwarded through the Head and the Principals of the concerned Bhavana/ Vibhagas/ Sadana etc. is to be submitted to the office of the undersigned on or before **31st, July 2026** before 5 p.m.

12/5/26

Ref. No. Dir/PSNS/SAF/2026-27/40
Date: 12.05.2026

Director, PSNS (Officiating)
Visva-Bharati

Copy to:

1. The Principals of all Bhavanas, V.B.
2. The Head of all Departments, V.B.
3. The Proctor, V.B.
4. The Finance Officer, V.B.
5. The Accounts Officer, V.B.
6. C.S. to V.C., V.B.
7. P.A. to Registrar, V.B.
8. University Webmaster- with a request to upload same in the University website.

OFFICE OF THE DIRECTOR, PSNS

VISVA-BHARATI, SANTINIKETAN

STUDENTS' AID FUND

APPLICATION FOR FINANCIAL ASSISTANCE FOR THE YEAR 2025-26

(To be submitted to the Dean of Students' Welfare, Visva-Bharati)
Through the Head of the Department and the Principal of the Bhavana

(TO BE FILLED IN BY THE STUDENT)

1. Name of the Applicant (in Capital) **:**
2. Student ID No:
3. Contact No:
4. Bhavana :
5. Department:
6. Course:
7. Category (Gen/EWS/SC/ST/OBC):
8. Aadhaar Number:
9. Resident/Day Scholar:
10. Name of the Hostel (if, resident)-
11. Father's /Mother's/ Guardian's Name and Address:
12. Mother's occupation and name of the organisation, (if any):
13. Father's occupation and name of the organization:
14. Average monthly income of the family (Attach document):
15. Are you belonging to the BPL category (Approved by the Govt. of India):
16. Financial Assistance sought for **(Book Grant / Admission Fee/ Instruments/ Counsumable Stationaries/ Hostel Fees /Medical Aid):**
17. Are you getting any other financial assistance (Fellowship/ Scholarship etc.) from any other sources (if so, mention the following):

a. Name of the assistant :
b. Amount of assistance:
c. Free studentship Y/N:
d. Free Hostel Seat: Y/N:

18. Bank details (Attach a copy of the front page of Pass Book) **:**

Name of the Accounts Holder:

Name of Bank :
Branch Name:

Account No :
IFS Code :

19. The total amount for which reimbursement was claimed:
(Attach proper bills)

.....
Signature of the Student

.....
Signature of the Head
(with Seal)

.....
Signature of the Principal
(with Seal)

- The total amount for reimbursement (Enclose proper bill in original)

PTO

TERMS AND CONDITIONS

1. No submitted documents will return afterwards.
2. Admission fees will be reimbursed, only to the Candidate who belongs to BPL Category.
3. Any application will not be considered without the original Bill/Vouchers/Money Receipt.
4. Application of students who have already received the students' aid fund against the last notification will not be considered for the students' aid fund this time.
5. Incomplete application form will be treated as cancelled.
6. Attach photocopy of the Student's I.D. Card along with the application form.
7. Only textbooks will be considered. Reference books will not be accepted. The books should be recommended by the Head of the Department/Principal.
8. Endorsement of books is mandatory by the concerned department.
9. Medical reimbursement will be considered only if any Medical reimbursement is not entertained by the Insurance Company. (the claim declined certificate by the Insurance provider is to be attached).
10. Attach income certificate issued by Panchayet Pradhan/Chairman of the Municipality/Corporation.
11. Attached copy of the Aadhaar card.
12. Attached copy of the BPL certificate (mandatory to reimburse addmission fees).
13. Attached admission fee receipt.
14. Attached copy of front page of the Bank Passbook.

***Note**: (i) Any other relevant information may be given in a separate sheet and attached to this application form.*

DECLARATION / UNDERTAKING

I, ……, declare that-

i. I am not availing any other financial benefit/fund/grant/fellowship/scholarship etc. of Govt. of West Bengal/ Govt. of India or Visva-Bharati and others for the period that I applied for the Students Aid Fund.

ii. At any stage, if it is found to the satisfaction of the sanctioning authority concerned that, the information given by me is false or if I violate the terms and conditions of the Student Aid Fund, the amount sanctioned to me, may be cancelled and the entire amount will be refunded by me or recovered from me.

Signature and Data:

Name:

Present Course of Study & Year:

Contact Number: