MOST URGENT/TIME BOUND

Attention: First Semester Regular Students of all Diploma Courses

In compliance of notification D.No. 678/DSW dated 04-10-2017 of the Dean Student’s Welfare (DSW) regarding award of University Merit Financial Award, University Women’s Polytechnic, AMU Aligarh is going to conduct a Departmental Competitive Test on 25.10.2017 from 12:40 p.m.-1:25 p.m.

All bonafide regular students of First Semester of all diploma courses are eligible to appear in the prospective competitive test.

Application forms and other details related to the test can be obtained from the Office of the Principal, University Women’s Polytechnic, AMU Aligarh on all working days from 8:00 a.m. to 4:00 p.m. except on Friday(s). On Friday(s) the same information may be obtained from 8:00 a.m. to 12:30 p.m.

Duly filled application form must be submitted to the same office on or before 21.10.2017 up to 4:00 p.m. (on Friday up to 12:30 p.m.).

Incomplete application forms or those received late will not be entertained.

Syllabus of Departmental Competitive Test for University Merit Financial Award is notified on Notice Board.

Dated: 07.10.2017

Copy To:
1. Dean F/O Engg. & Technology
2. Dean Student’s Welfare.
3. Class Circulation and Notice Board
4. Mr. Nazim Dad Khan for Upload on Women’s Polytechnic Website.
University Women's Polytechnic
Aligarh Muslim University, Aligarh
Application form for University Merit Financial Award - 2017
(For All Diploma Courses)

1. Name of Student : ______________________
2. Father's Name : ______________________
3. Course Name : ______________________
4. Semester : ______________________
5. Enrollment Number : ______________________
6. Roll Number : ______________________
7. Date of Birth : ______________________
8. If hosteller mention Hall
   Otherwise Write NRSC : ______________________
9. Special Category (If Any) (SC/ST/BC) : ______________________
10. Address For Correspondence : ______________________
11. Father's Occupation : ______________________
12. Father's Monthly Income
   (Certificate may be sought if needed) : ______________________
13. Address for Correspondence : ______________________
14. Contact Number : ______________________

I hereby declare that the particulars mentioned above are true to the best of my knowledge and belief. If anything is found wrong, I shall be liable to disciplinary action as per University norms.

Dated: ______________________

Place: ______________________

(Signature of the Student)