KURUKSHETRA UNIVERSITY KURUKSHETRA

(Established by the State Legislature Act XII of 1956) ('A'' GRADE, NAAC ACCREDITED)

NOTICE

Subject: Financial help of Rs.4,000/- to differently abled students admitted in the UTDs/Institutes.

As per past practice and orders of the Hon'ble Vice-Chancellor, it has been decided to provide a financial help of Rs.4,000/- (Rs. Four Thousand Only) as transportation charges to those differently abled students who are admitted in various courses of University Teaching Departments/Institutes and find it difficult to walk to their Institution/Department because of their locomotive disability. All such students are required to apply on the **prescribed**Application Form for this help through their respective Chairperson/Director, with a copy of their medical certificate in support of disability issued by a competent medical authority, to Dean Students' Welfare office latest by 15-12-2022.

A certificate to the effect that "the student is a regular student of Department/Institute during the session 2022-23 and he/she faces locomotive disability in movements" should also be appended by the Chairperson/Director.

Dean Students' Welfare

Endst. No. DSW/2022/ 1466-1540

Dated:- 28-11-2022

Copy of the above is forwarded to the following for information and favour of circulation:-

- 1. All Chairpersons/Directors of the University Teaching Department/ Institutes with the request to circulate it widely through notice boards and circulation in the classrooms among students. The notice may specifically be circulated by name to all the differently abled students.
- All Wardens of University Hostels (Boys & Girls)
- 4. Chief Warden (Boys)
- 5. Chief Warden (Girls)
- 5. A.R. O/o Registrar (for kind information of the Registrar).
- 6. P.A. to Vice-Chancellor (for kind information of the Vice-Chancellor).

Dean Students' Welfare

KURUKSHETRA UNIVERSITY KURUKSHETRA

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Application form for Financial Help (Transportation Charges) - 2022-23

1.	Name of the Student	:		
2.	Father's Name	:		Photograph
3.	Mother's Name	:		8 ₁
4.	Date of Birth	:		
5.	Gender	:		
6.	Class:	•••••	Year/Sem Roll N	o
7.	Department/Institute:			
8.	Contact No			
9.	Email			
10.	Address			
		•••••		
11. Mandatory documents to be enclosed:				
 (i) A copy of Aadhar Card (ii) Self-attested Copy of medical Certificate from competent medical authority in support of disability 				
Dated:			(Full Signature of the Applicant)	

Certificate by the Chairperson/Director

It is certified that the above student is a regular student of this Department/Institute for the session 2022-23 and he/she faces locomotive disability in movements.

(Signature of the Chairperson/Director)
With stamp