

Email: ghes5721@gmail.com

Phone: 7589560961/7589560962

Landline: 0172 - 2994220

Guru Harkrishan Educational Society

(Registered under the societies registration act)

Office: Room No. 9, 1st Floor, Karuna Sadan, Sector- 11-B, Chandigarh - 160011

(www.ghesindia.org)

Eligibility Conditions for Grant of Scholarship

1. Course of study should be professional or vocational such as medical / engineering / managerial / commerce / technical / pharmacy / physiotherapy / teacher education etc. a certificate, diploma or degree course.
2. The total family income from all sources should not exceed **Rs.25,000/-** per month.
3. **The applicant should not be in receipt of scholarship from any other source.**
4. The student should have passed previous qualifying exam with minimum **75% marks.**

Attachments With Application

(A Hard Copy of Application with enclosures to be sent to our office address)

1. All Columns of application form duly filled and signed by the principal.
2. Parent's I.T.R Copy (Last Financial Year - Current Assessment Year).

OR

Income affidavit as per specimen attested by NOTARY PUBLIC.

3. A photocopy of detailed marks of the last examination passed duly attested by the principal.
4. A self-attested photocopy of Adhaar Card of the student and one of the parents.

5. *The last date for submission of application form is 7th Sept., 2026. in the Director (UET) office.*

NOTE: -

1. Application without above enclosures will not be accepted.
2. For any other details, please refer to our website www.ghesindia.org.

Display on UET Portal
Beign
Assistant Registrar

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Photo

APPLICATION FORM FOR AVAILING SCHOLARSHIP

1	Name Of Student:	
2	Father's Name / Mobile No.: Mother's Name / Mobile No.:	
3	Present Address:	
4	Permanent Address:	
5	Name of the Institution:	
6	Name Of Course: Duration Of Course:	
7	Month and Year of Admission:	
8	Present Year / Semester:	
9	Last Exam Passed Percentage of Marks Obtained:	
10	Compassionate ground if any:	
11	Date Of Birth:	
12	Occupation:	Income:
	Father's	
	Mother's	
	TOTAL	
13	Income Tax Payee: Yes/No: If yes, attach latest ITR:	

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14	Email ID:
15	Mobile No.:
16	Roll No.:
17	Caste:
18	Religion:

(Signature of the Student)

To Be Filled in by the Head of Institution

1.	Amount of Tuition Fee payable Semester wise:	
	Yearly:	
2.	Last Date of the Tuition Fee to be paid:	
3.	College Bank Account details:	
(a)	A/C Name:	
(b)	Name of the Bank:	
(c)	A/C Number:	
(d)	IFSC Code:	
4.	Email-id of Head of the Institution:	
5.	Contact No.:	
6.	Please attach a copy of the detailed fee structure:	

Head of the Institution
(with seal)

Specimen of Affidavit

(on non judicial stamp paper attested by notary/ executive magistrate)

I, _____ s/o/ w/o _____

Resident of _____

Do hereby solemnly declare as under:

1. That I, _____ am f/o, m/o (Name of student) _____ who is studying in (class and name of institute) _____ and is wholly dependent on me.
2. That my profession is _____
3. That my total family income from all sources is _____
4. That I am paying/not paying Income Tax.

Place:

Date:

Deponent

Verification:

I hereby solemnly declare and affirm that the above information is true and correct to the best of my knowledge and belief and that nothing has been concealed therein.

Place:

Date:

Deponent

Salary/Pension Certificate

(to be got filled by employed/pensioners from disbursing authority)

Certified that Sh./Smt. _____ s/o
,w/o _____ is drawing pay and allowances as
under:

1. Basic Pay:
2. Dearness Allowance:
3. Other Allowance:
4. TOTAL

OR

Certified that Sh/Smt. _____ s/o w/o _____
Is drawing Total Pension including DA as Rs. _____ PM.

(Signature with seal of Disbursing authority)