

DEPARTMENT OF YOUTH WELFARE Cochin University of Science and Technology യുവജനക്ഷേമ വകുഷ് കൊച്ചി ശാസ്ത്ര സാങ്കേതിക സർവ്വകലാശാല

DYW/SAF/2023-24/97

10.10.2023

То

All the Heads of Depts. /Directors of Schools/Principals SoE/CUCEK, Cochin University of Science and Technology

Sir,

Sub:- Students Aid Fund 2023-24– Application called for from the students of the University – Reg.

Please find the enclosed notice inviting applications from **First year and Existing students** for the financial assistance under Students Aid Fund from the students of the University. Sufficient copies of the format may be taken and distributed to students desirous to apply.

I request you to make necessary arrangements to inform the same to the students of your Department/School/ College.

Please note that it is mandatory to **verify the social, educational, physical and financial background of the students** and the final list of eligible candidates with original applications with specific remarks by the Head / Director / Principal on behalf of Department Selection Committee should be forwarded to the office of the Department of Youth Welfare by **10th November 2023.**

Yours faithfully,

Director

Encl: as above

COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY DEPARTMENT OF YOUTH WELFARE

DYW/SAF/2023-24/98

10.10.2023

STUDENTS AID FUND

NOTICE

Applications are invited from eligible students for the grant of financial assistance from the Students Aid Fund in the prescribed format. The final list of recommended students, together with the applications and specific recommendation of the Head of the Department after verifying the social, educational, physical and financial background of the students, should reach the undersigned on or before **10th November 2023**.

Rules and Regulations

1. General

SAF is a meritorious scholarship formulated by Cochin University of Science and Technology where emphasis is given to provide financial support for the low- income meritorious full-time graduate/post graduate students studying in the University.

2. Eligibility for applying first year

- a) Minimum of 60 percentage of marks in the qualifying examination.
- b) The applicant shall not be a recipient of any other scholarship except university merit scholarship, E grants and KPCR fee concession [A certificate from the Head of the Department / Director of the School / Principal of the College to this effect shall be produced along with the application].
- c) Annual family income of the applicant does not exceed ₹3,00,000/-
- d) The financial assistance will be given for throughout the course subject to the following conditions of renewal.

3. Eligibility for existing students

The students who availed SAF during previous year and students other than first year can apply for the renewal of SAF based on the following conditions, under this category.

 The applicant shall not be a recipient of any other scholarship except university merit scholarship, E grants and KPCR fee concession [A certificate from the Head of the Department / Director of the School / Principal of the College to this effect shall be produced along with the application].

- 2) Annual family income of the applicant does not exceed ₹3,00,000/-
- 3) The SAF assistance **will not** be given if the student has **more than two papers as arrear** in the previous semesters in which result is announced
- 4) A minimum of **75%** of attendance in the previous semester is essential for renewing SAF.
- 5) A student gets a **G.P.A. of at least 7.0** in all the semesters as on the date of application/renewal. A progress certificate recommended by the concernedHOD shall be considered in this regard.

4. Identifying the eligible students

The eligible students will be selected based on the following criteria.

| No | Item | Document to be submitted | Weightage |
|----|------------------------------------|------------------------------|-----------|
| 1. | Family Income | Income Certificate issued by | 10 |
| | | appropriate authority within | |
| | | a year | |
| 2. | Marks in the Qualifying | Copy of mark list | 30 |
| | Examination | | |
| 3. | Physically handicapped / LGBT | Medical Certificate / Self | 20 |
| | | declaration | |
| 4. | Lack of Own house | Certificate issued by | 20 |
| | | competitive authority | |
| 5. | Disease – Self or immediate family | Medical certificate | 10 |
| | members | | |
| 6. | Member in NSS, SITTIC, Student | Certificate from concerned | 10 |
| | Chapters, Sports & Arts committee | authority | |
| | or any other | | |
| | departmental/University level | | |
| | Committees | | |

5. Process

| Process | Activity | Time schedule | Responsible Office |
|---------|--|------------------|---|
| 1. | Notification | 10.10.2023 | SAF Managing Committee through University Office |
| 2. | Last date of receiving complete applications in the Department | 31.10.2023 | Head of the concerned Departments/Schools/ Colleges |

| 3. | Receipt of verified application from | 10.11.2023 | Head of the concerned |
|----|--------------------------------------|------------|--------------------------|
| | HOD to Director, Department of | | Departments/Schools/ |
| | Youth Welfare. | | Colleges |
| 4. | Preparation and consolidation of | 22.11.2023 | Director, Department of |
| | the received application by the | | Youth Welfare |
| | authorized officer | | |
| 5. | Preparation of Final List and | December | SAF Managing Committee |
| | Announcement of Eligible Students | 2023 | through Joint Registrar, |
| | List | | Academic |

6. Selection Committees

| Structure | Function | Body |
|-----------------------------------|--|--|
| Apex Committee | Advisory and over all policy decisions | Syndicate |
| Managing Committee | For managing the day- to-day affairs of SAF | SAF Managing Committee through University Office |
| Department Selection Committee | Selection and recommendation | A Department level committee consisting of HOD/ Director/Principal as Chairman and 2 representatives from faculty, one male and female student |

Sd/-DIRECTOR



COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY

DEPARTMENT OF YOUTH WELFARE

PROFORMA OF APPLICATION FOR FINANCIAL ASSISTANCE FROM STUDENTS AID FUND 2023-24

(Please see the instructions before filling the application)

| Category: | FIRST YEAR | EXISTING STUDENTS |
|-----------|-------------------|-------------------|
|-----------|-------------------|-------------------|

| 1. | Name of student with residential address | : | |
|-----|---|----|------------------------------|
| 2. | Course/Branch, Semester/Year and Name of the Department/School | | |
| 3. | Annual family income (As per the income certificate in original attached, validity one year) | : | |
| 4. | Whether physically handicapped/LGBT | : | Yes / No - Specify category: |
| 5. | Own house | : | Yes / No |
| 6. | Details of disease - self or immediate family members | : | |
| 7. | Member in NSS, SITTIC, Student Chapters, Sports & Arts committee or any other departmental/ University levelCommittees | | |
| 8. | Details of scholarships presently enjoying (including KPCR/Merit scholarship etc.) | | |
| 9. | Marks in qualifying examination (in percentage) [for first years only] | : | |
| 10. | Did you avail SAF in the previous year? [for existing students only] | •• | |

| 11. | Percentage of attendance in previous semester [for existing students only] | : | |
|-----|---|---|-------------------------------|
| 12. | Number of supplementary [for existing students only] | | |
| 13. | G.P.A. Scores in all previous semesters, where results published. [for existing students only] | : | |
| 14. | Signature of the applicant with date | : | |
| 15. | Remarks/recommendations of the Head of the department/ Department Council after a preliminary enquiry about the factors and eligibility of the student* | | Recommended / Not Recommended |

Certified that the details furnished above are true as per the office records. I have verified the academic performance of the student and forwarded his/her application for the financial assistance under SAF based on enquiry conducted as per the preliminary guidelines based on the academic, social, economic, health and physical indicators mentioned in the notification.

Place: Date:

HEAD OF THE DEPARTMENT

(Office Seal)

*Clearly mention whether recommended/not recommended based on the preliminary enquiry.