



বি. বরুৱা কলেজ অধ্যক্ষৰ কাৰ্যালয় : গুৱাহাটী-৭, অসম

স্থাপিত : ১৯৪৩ চন

OFFICE OF THE PRINCIPAL

B. BOROOAH COLLEGE : GUWAHATI - 781007

Estd. 1943

Mob : 9101250378(off) □Email : principalbbc.ghy@gmail.com / principal@bborooahcollege.ac.in

website : www.bborooahcollege.ac.in

No. BBC/

Date : 04.10.2024..

NOTICE

Economically weak meritorious student of B.Borooah College (Autonomous) are hereby informed to submit their applications (Application forms are available in the College Office) to get financial assistance from Student's Aid Fund of B.Borooah College (Autonomous). An Income certificate of parent's issued by competent legal authority (District Magistrate/SDC/Circle Officer) with proper seal and signature must be submitted along with the application on or before 31st October, 2024. Application forms are available in the college website www.bborooahcollege.ac.in

N.B: Those who availed free admission, are not entitled for aid fund.

(Dr. Satyendra Nath Barman)

Principal

B.Borooah College(Autonomous)

Guwahati-781007.

PRINCIPAL
B. BOROOAH COLLEGE
GUWAHATI-7

Copy to:

1. Students Notice Board.

OFFICE OF THE PRINCIPAL, B.BOROOAH COLLEGE (AUTONOMOUS)

APPLICATION FORM FOR THE BENEFIT FROM STUDENT'S AID FUND FOR
THE SESSION 2024-2025

Photograph

1. Name (in block letters) :

2. Class : Roll No :

3. Combination of Subjects:.....

4. Parents name (i) Father:.....
(ii) Mother:.....

5. Permanent Address:.....

6. Parents occupation:.....

7. Annual Income of the Parent's(Certificate from District Magistrate/ SDC/
Circle Officer is to be attached).....

8. Last Examination appeared:.....

9. Marks/Division obtained in the last Examination passed (Photocopy of Mark sheet
to be attached)

10. Whether benefited from this fund in previous year(s): Yes ☐ No ☐

11. Whether received any other fellowship from other source(s). If so, mention the
amount and source.....

12. Percentage of Attendance in Classes:

| | | | | | | |
|-------------|--|--|--|--|--|--|
| Subjects | | | | | | |
| Percentage | | | | | | |
| Sign of HOD | | | | | | |

I do hereby declare that the informations furnished above are true to the best of my knowledge.

Full signature of the applicant
Date:

Full signature of the Guardian
Date: