

কুমাৰ ভাহ্ণৰ বৰ্মা সংস্কৃত আৰু পুৰাতন অধ্যয়ন বিশ্ববিদ্যালয়

Kumar Bhaskar Varma Sanskrit & Ancient Studies University

Namati-781337 Nalbari Website:www.kbvsasun.ac.in :: Email Id:kbvsasun@rediffmail.com

No.: KBVS&ASU/AN-15/2014-547

Date: 05/09/2023

**NOTICE** 

The PG first semester students who want to avail admission under free waiver scheme are asked to submit the following documents in the respective departments to refund admission fees already paid-

- Family income certificate is not more than Rs. 2.00 lakhs from local Revenue Circle Officer / Head of the Institution last studied.
- Self Declaration (Annexure-I)
- Tree Plantation photo
- M.A. Admission Fees Refund Form-2023-2024 (Annexure-II)

As per Govt. order, students seeking admission under fee waiver scheme will have to pay Rs. 1500.00 for Master of Arts. Hence, the University will deduct the mentioned Amount from already paid admission fees.

N.B.: Students are asked to produce the Original Mark sheet and Certificate during the time of document submission in to the respective department.

Last date of submission of documents is 15<sup>th</sup> September, 2023.

Sd/-

Registrar, i/c KBVS&AS University

## Self-declaration by the students for taking admission under Free Waiver Scheme

I	, hereby declare that neither
of my parents isan employee of Sta	te/Central Govt. Department or its undertaking.
Father's Name:	Signature of the applicant
Signature:	Name of the applicant:
Address:	Department & semester:
	Address:
Pnone No:	
	Phone No:
	E-Mail Id:

Affix here a postcard size coloured photograph of the applicant planting a sapling and displaying the name of the applicant with date.

## कुमारभास्करवर्मसंस्कृत-पुरातनाध्ययनविश्वविद्यालयः

## পোৰ শাহ্ৰৰ বৰ্মা সংস্কৃত আৰু পুৰাতন অধ্যয়ন বিশ্ববিদ্যালয় Kumar Phaskar Varma Sanskrit & Ancient Studies University

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F NO:2(A)

## M.A. ADMISSION FEES REFUND FORM (WAIVER) 2023-2024

(WHOSE FAMILY ANNUAL INCOME IS LESS THAN RS 2,00,000.00)

DEPARTMENT		
ENROLLMENT NO		
NAME OF THE STUDENT		
GUARDIAN NAME		
VILLAGE		
DISTRICT		
BANK ACCOUNT NO		
ACCOUNT HOLDER NAME		
IFSC CODE		
BANK BRANCH		
Attached copy:	<u> </u>	
1. Original Copy of Admission slip		
2. Original Copy of Money Receipt		
3. Original Copy of Inco	ome Certificate	
4. Photocopy of Bank P	assbook-	
Signature of Guardian	Signature of Student	
	Counter Signature	
Head of the Department		
For office Use Only:		
Refund AmountVide fund transfer		

**Accountant-Cum-Cashier** 

Registrar, i/c