

# Directorate of Students' Welfare Guru Gobind Singh Indraprastha University Sector-16 C, Dwarka, Delhi-110078 Website: http://ipu.ac.in

File No. GGSIPU/DSW/2018/

Dated: 31.12.2018

### **Notice**

#### Subject:- Inviting application from female students for a programme run by Katalyst.

The Director Students' Welfare invites applications from the 1<sup>st</sup> year female students of B.Tech/B/Arch programme from joining a programme run by Katalyst for skills enhancement mentoring, technology support financial incentive, internship assistance to girls from low income communities so that they excel academically and get better professional opportunities.

#### Eligibility Criteria

- 80 % & above in class X:
- 85 % & above in PCM in class XII.
- Family income of less than rupees 5 lacs per annum.

The eligible female students of the University (USS and affiliated Institutes) may submit their application in prescribed format in the offices of Director, Students' Welfare lasted by 10.01.2019. The detailed activities of the programme of Katalyst is enclosed herewith.

(Prof. C. S. Rai) Director, Students' Welfare

#### Copy to:-

- 1. All Deans, USS/ Directors/Principals of the affiliated Institutes of the University.
- 2. Controller of Finance
- 3. AR to Vice Chancellor for information of the Hon'ble Vice Chancellor.
- 4. SO to Pro Vice Chancellor for information of the Pro Vice Chancellor.
- 5. AR to Registrar for information of the Registrar.
- 6. All Notice Boards.
- 7. In-charge server room Please upload the notice on the University website.
- 8. Guard File.



### Selection criteria

Education

80% & above in class Xth

85% in PCM in classXIIth

Household Income

Less than 5 lacs per annum\*

\*Subject to verification

## <u>Katalyst</u>

For further details and enrolment forms contact the help desk or the names mentioned below

## Katalyst Delhi

Poorvi Shah/Avila DSouza info@katalystindia.org
Phone: 022-4349 3333

Visit us at www.katalystindia.org

# Katalyst presents

A unique programme that supports meritorious girls to get better career opportunities and become leaders

# Programme includes

- English speaking and Communication skills
- Pairing with a mentor
- Industrial visits/ Corporate workshops
- Financial assistance
- Laptop at subsidized cost
- Annual Convention in Goa
- Medical Insurance for self and mother
- Assistance with internship and preparation for jobs in reputable companies



# Requirements of the programme

- On an average 18 days of Training per yeartill graduation
- Twice a month interaction with the Mentor
- Academic excellence



## **KATALYST APPLICATION FORM UID:**

| Name of th        | e Student:     |                      |                                    |                            |
|-------------------|----------------|----------------------|------------------------------------|----------------------------|
| Name of th        | e College:     | First                | Middle                             |                            |
| Branch of E       | ngineering: _  |                      | College Year: First ye             | ear Direct Second year     |
| Mobile Nur        | nber:          |                      | Email id:                          |                            |
|                   |                |                      |                                    |                            |
|                   |                |                      | List of Documents requi            | red                        |
|                   | Self-attested  | d copy of the PAI    | N card / Aadhar Card               |                            |
|                   | Self-attested  | d copies of Mark     | sheets for Class X and Class XII / | Diploma Engineering        |
|                   | Self-attested  | d copy of both Fa    | ather and Mother's PAN card / Aa   | adhar Card                 |
| $\overline{\Box}$ | Father's and   | / or Mother's E      | mployer's Certificate / Letter on  | company letterhead¹        |
| 一                 | Salary slips f | or the last 3 moi    | nths and Form 16 of the Father a   | nd/or Mother¹              |
| 一                 | Rent receip    | ts / ownership p     | apers of family house and addition | onal properties            |
|                   | Last 3 month   | n's Electricity Bill | for May, June, July                |                            |
|                   | Father's and   | Mother's bank        | account statement for 2 years fro  | om July 2016 onwards       |
|                   | Copy of stud   | lent's Bank passl    | book (first page which has name    | and bank details)          |
|                   | Copy of scho   | olarship received    | from college / foundation or any   | y loan taken               |
|                   | College adm    | ission document      | t and fee receipt                  |                            |
|                   | Short Essay    | on "What I aspire    | e to do" (approximately 250 w      | ords – write on page no.5) |
| (Please tic       | k in the above | e hox if the doc     | ument has been received and sig    | n here)                    |
|                   |                |                      | ament has been received and sig    |                            |
| For Office u      | ise only:      |                      |                                    |                            |
| Center            | Manager's A    | ssessment:           | ACCEPTED REJE                      | CTED                       |
| Comme             | ents:          |                      | <u> </u>                           |                            |
|                   |                |                      |                                    |                            |
|                   |                |                      |                                    |                            |
| Name:             |                |                      | Signature:                         | Date:                      |
|                   | d and signed   |                      |                                    |                            |
|                   |                | atalyst:             |                                    | Date:                      |
| 1 001 11          | onan, ceo, K   | <u></u>              | <del></del>                        |                            |
|                   |                |                      |                                    |                            |
| 1 Only in c       | ase employed   |                      |                                    |                            |

Only in case employed



| Name of the   | e Student:  |       |                |             |                    |                 |                          |
|---|---|-------|----------------|-------------|--------------------|-----------------|--------------------------|
| Date of Birt  | h (DOB): //_  |       | _(DD-MM-YY     | YY) Caste   | Category:          |                 |                          |
| Permanent<br>   | Address:  |       |                |             |                    |                 | PHOTOGRAPH               |
| Current Add   | dress:  |       |                |             |                    |                 |                          |
| PAN / AADH  | IAR No  |       |                |             |                    |                 |                          |
| EDUCATION   | IAL QUALIFICATIO  | NS    |                |             |                    |                 |                          |
| Class   | Board   |       | % Obtained     | Govt. /     | Private / Aided    | Vernacular      | / English                |
| Х   |   | n     |                |             |                    |                 |                          |
| XII   | F   |       |                |             |                    |                 |                          |
| CET / JE<br>DIPLOM  |   |       |                |             |                    |                 |                          |
| Family Bad<br>Father's Na<br>Father's Pa<br>Mother's N<br>Mother's P<br>What is Fai | CKGROUND (GIVE<br>ame:<br>AN / AADHAR No.:<br>Jame:<br>AN / AADHAR No.:<br>mily's approximate | :     | nthly expense  | ? Rs        | Mobile No.:        | D0              | OB:                      |
| 7 <u>17.1112</u>  |   | TICK  | the correct by | JX III CIIC | ionowing table and | <u> </u>        |                          |
| Er  | nployed   |       |                |             | Self Employe       | d               |                          |
| Job typ   | oe: Government / I  | Priva | te             |             | Work Type: Trade   | er / Farmer / 0 | Owns a shop / Contractor |
| Any Of  | ther (Specify):   |       |                |             | Any other service  | provider (spe   | ecify):                  |
| Name  | of the Company /  | Emp   | loyer:         |             | Goods sold / Crop  | os grown:       |                          |
| Design  | ation:  |       |                |             |                    |                 |                          |
|   | tment:  |       |                |             |                    |                 |                          |
|   | ng since:   |       | _              |             |                    |                 |                          |
|   | l Income:   |       |                |             | Annual Income :    |                 |                          |
|   |   |       |                |             |                    |                 |                          |

Details of pension received including amount (if any):



| Housewife: Yes / No. If No, please fill the box below.    Employed   | 1. Name             |                            |             | Contact                     |                             |
|--|---------------------|----------------------------|-------------|-----------------------------|-----------------------------|
| MOTHER'S OCCUPATION: Tick the correct box in the following table and fill details.  Housewife: Yes / No. If No, please fill the box below.    Employed   |                     |                            |             |                             |                             |
| Self Employed  |                     |                            |             |                             |                             |
| Employed   Government / Private   Work Type: Trader / Farmer / Owns a shop / Control Any Other (Specify):  | MOTHER'S OCC        | UPATION: Tick the correc   | t box in th | ne following table and fill | details.                    |
| Job type: Government / Private Any Other (Specify):  | lousewife: Yes /    | No. If No, please fill the | box below   | ·.                          |                             |
| Any Other (Specify): Any other service provider (specify): Goods sold / Crops grown:   | Employed            |                            |             | Self Employed               |                             |
| Designation:   Goods sold / Crops grown:   | Job type: Gover     | nment / Private            |             | Work Type: Trader / Fa      | rmer / Owns a shop / Contra |
| Designation: Department: Working since: Annual Income:  Annual Income:  Details of pension received including amount (if any):  Contact  Contact  Contact  Details of sibling who is working. Name:  L. Married: Yes / No  | Any Other (Spec     | cify):                     |             | Any other service provi     | der (specify):              |
| Department:  | Name of the Co      | mpany / Employer:          |             | Goods sold / Crops grov     | wn:                         |
| Department:  | Designation:        |                            |             |                             |                             |
| Annual Income:  Annual Income:  Details of pension received including amount (if any):  Contact  Contact  Contact  Details of sibling who is working.  Name  Relationship  Age  Qualification  Student / Working  Details of sibling who is working.  Name  Details of sibling who is working.  Name  Details of sibling who is working.  Name:  Designation:  D |                     |                            |             |                             |                             |
| Annual Income:  Details of pension received including amount (if any):  Details of pension received including amount (if any):  DETERMINED INFORMATION  Name   |                     |                            |             |                             |                             |
| Any Other (Specify):   | Annual Income       |                            |             | Annual Income:              |                             |
| Name Relationship Age Qualification Student / Working  Details of sibling who is working. NAME:  Married: Yes / No 2. Staying in joint family: Yes / No. If Yes, then fill details below.    Employed  |                     |                            |             | Contact                     |                             |
| Married: Yes / No 2. Staying in joint family: Yes / No. If Yes, then fill details below.    Employed   |                     |                            | Age         | Qualification               | Student / Working           |
| Married: Yes / No 2. Staying in joint family: Yes / No. If Yes, then fill details below.    Employed   |                     |                            |             |                             |                             |
| Job type: Government / Private  Any Other (Specify):   | _                   |                            |             |                             | ails below.                 |
| Any Other (Specify): Any other service provider (specify): Goods sold / Crops grown: Designation: Department:  | Employed            |                            |             | Self Employed               |                             |
| Name of the Company / Employer:  Designation:  Department:   | <br>Job type: Gover | nment / Private            |             | Work Type: Trader / Fa      | rmer / Owns a shop / Contra |
| Designation: Department:   | Any Other (Spec     | cify):                     |             | Any other service provi     | der (specify):              |
| Department:  | Name of the Co      | mpany / Employer:          |             | Goods sold / Crops grov     | wn:                         |
|  | Designation:        |                            |             |                             |                             |
| Working since:   |                     |                            |             |                             |                             |
|  |                     |                            |             |                             |                             |



|                              | d / Property                    | 20 ,00                     | Sile   | aitai ai Ea   |                    | •          |          | If yes, Area  |            |             |                   |
|------------------------------|---------------------------------|----------------------------|--------|---------------|--------------------|------------|----------|---------------|------------|-------------|-------------------|
|                              |                                 | Do you have a              | a trac | ctor? Y       | 'es /              | No.        |          |               |            |             |                   |
| Resi                         | idence                          | A. Owned                   |        | B. Rented     |                    | C. Joint   | t Fa     | mily Owned    | П          | . Staying v | vith Relative     |
| Do y                         | ou own any p                    | roperty other              | than   | the house     | e yo               | u live in? | Ye       | s / No. If ye | s, give    | details be  | low               |
| Size                         | in sq. ft:                      | Rei                        | ntal I | ncome if      | any                | state am   | our      | nt in Rs.:    |            |             |                   |
| /hite                        | TV                              | Refrigerator               | Wa     | shing         | AC                 | )          | Cc       | mputer /      | Two        | Wheeler     | Four Wheeler      |
| oods                         | Yes / No                        | Yes / No                   | Ma     | Machine       |                    | Yes / No   |          | ptop          | Yes / No   |             | Yes / No          |
| oous                         | 1                               |                            | Yes    | / No          |                    |            | Yes / No |               |            |             |                   |
| )FTA                         | ILS OF LOAN                     | AVAILED                    |        |               |                    |            |          |               |            |             |                   |
|                              |                                 | ive / Co-opera             | tive   | Amount        | <u> </u>           | Period F   | or       | Purpose       |            | Repaym      | ent Terms         |
|                              |                                 |                            |        |               |                    |            |          | Типросс       |            |             |                   |
|                              |                                 |                            |        |               |                    |            |          |               |            |             |                   |
| CTIN                         | AATE OF ANN                     | LIAL EDUCATION             | ON E   | VDENISE       |                    |            |          |               |            |             |                   |
|                              |                                 | <b>UAL EDUCATIO</b> Amount |        | <u>XPENSE</u> |                    |            |          |               |            |             |                   |
| Тур                          |                                 |                            |        | XPENSE        |                    |            |          |               |            |             |                   |
| Type                         | e                               |                            |        | How           |                    |            | ng       | for the above | educ       |             |                   |
| Type                         | e<br>ege Fees<br>tel Fees       |                            |        |               | nts                | П          |          | Relati        | Ц          |             | ense?<br>Scholars |
| Type<br>Colle                | e<br>ege Fees<br>tel Fees       |                            |        | How           | nts                | П          |          |               | Ц          |             |                   |
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