



འབྲུག་རྒྱལ་ཁོངས་གཞི་གཞུག་ལག་སློབ་སྡེ།
SAMTSE COLLEGE OF EDUCATION



APPLICATION FORM: EMERGENCY ADVANCE

In case of serious illness of parents or other emergency need for travel as may be found valid and necessary by the committee, an emergency advance may be granted under condition of written undertaking of immediate repayment after return. The amount for this benefit shall be limited to a maximum ceiling of Nu. 3000.00 (Three Thousand) only. Failure to repay within the stipulated time shall not be allowed to sit for Semester-end Examination or withhold official documents.

Name of student:..... Student ID:.....

Course:..... CID No.:.....

Earlier Emergency Advance if availed: Yes / No. If Yes, Date of clearance:

Documents

1. Attach a copy of clearance for earlier advance.
2. Attach a copy of Leave Approval.

Purpose of Advance

.....

Total amount Nu.

Dated Signature of Applicant

Contact No:

Verified by:

Coordinating Councillor

Name and Designation

Approved by:

Dean Student Affairs



: 05 365391(President) 365274 (Adm) 365273 (Office) 365363 (Fax) P.O Box No. 329

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