

**FORM to claim Semso**  
**(Demise of Contributing Student)**

Sl.No.	Particulars	Details/Signature
1	Name of the Student:	
2	Student Registration Number:	
3	Year, Course and Section:	
4	Boarder/Day scholar:	
5	Semso Claimed for:	
6	Signature of the Student:	
7	Date of Claim:	
8	Entitlement of Nu:	<b>Nu. 10,000/- (Ten thousand only)</b>
9	Verified by class coordinator:	
10	Endorsed by: Dean SA	
11	Payment by Finance Officer:	