

KHAIRPUR POVERTY CUM MERIT SCHOLARSHIP 2013-14

APPLICATION FORM

PART-1				
1. Name 2. Father's /Guardian's Name				
3. Caste Male Female 4. C.N.I.C No				
5. Date of Birth 6. Age on closing Date 7. Mobile No.				
(DD) (MM) (YYYY)				
8. Domicile/PRC (a) Student (b). Father / Guardian				
9Father's / Guardian's Occupation 10. Religion				
11 December / Consultance Manufally Income				
11. Parents / Guardians Monthly Income (SALARY SLIP/INCOME CERTIFICATE FROM HOD / INSTITUTIONATTACHED)				
12. Name of the Institution				
13. Semester/Year/Date of Admission				
14. Name of Degree/Duration of Course				
15. Permanent Address				
16. Present Postal Address				
17. Last Examination Passed: Year Total Marks Obtained %age %age				
(MUST ATTACHED MARK SHEET/TRANSCRIPT)				
18. Detail of Scholarship Received During the Last Year, if any (Rupees)				
10. Detail of Scholarship Received Burning the East Tear, if any (Rupees)				
Certified that information provided by me is true. If any misinformation proved at any stage then, I the undersigned				
will not claim the said scholarship and my application will stand rejected.				
Date: Signature of Student				

Note: All Attached Documents Must be Attested from Gazetted Officer

PART-II

CERTIFICATE FROM THE HEAD OF INSTITUTION / DEPARTMENT (Mandatory Requirement)

This is to	certify that Mr. /Ms		*	
S/O, D/O	is	a bonafide student of	Year	
under class Roll No.	He/She is study	ying in at		
College / University	It is also certified that he	she is not receiving/received a	any financial assistance/	
Scholarship during th	ne Year 2013-14 from any oth	ner sources. His/Her conduct is :	satisfactory and is facing	
financial hardships	to continue his / her edu	cation. Therefore, his/her cas	e is recommended for	
consideration of KHAIRPUR POVERTY CUM MERTI SCHOLARSHIP, DISTRICT ADMINISTRATION KHAIRPUR				
MIRS.				
		Signature	and Stamp	
		Head of the Departm	nent/College /Institution	
 C.N.I.C of Cand Mark sheet of I Pass/Pacca cert Students I:D Ca 	of Candidate & his/her Father of Condidate (if under age B-Form of NA ast Examination Passed tificate of Matriculation	DRA must be attached) & his/her F	ather or Guardian.	
For Office Use Only				
Application of the Ca	ndidate accepted	Scholarship Amount Sanction	oned Rs:	
Application of Candida	te Rejected		L	
Reasons of Rejection				
Name and Signature o	f the Authorized Person			