CENTRAL UNIVERSITY OF SOUTH BIHAR

APPLICATION FORM FOR MERIT SCHOLARSHIP TO CUCET/CUSBET/SEMESTER TOPPERS

Name:	Enrollment Number:	Programme & Session:
Dept./Centre:	Category(Gen/OBC/SC/ST):	Diocese:

Any Financial Assistance/Scholarship availed/availing:
(If yes, provide the details):

Claim/Exam Details : CUCET/CUSBET/ Semester for which claim as Topper is being made :

CUCET/CUSBET/ Semester Exam	Mark List	Sem 1	Sem 2	Sem 3	Sem 4	Sem 5	Sem 6	Sem 7	Sem 8	Sem 9	Sem 10
Rank/GPA											

Father's Name: Present Address:

Contact No: Email:

Claimant Aadhar linked Bank details

Account Holder: A/c No:

Bank& Branch: IFSC & MICR:

Certified that the above information is true to my knowledge based on available facts and evidences. If any information provided by me in this claim form is subsequently found incorrect/false, I would refund the entire amount received by me.

Date: Signature of the Claimant

Recommendation of Dean/ HOD/In-Charge

Signature with Seal

FOR OFFICE USE ONLY (ACADEMIC SECTION)

Relevant Monthly Attendance Records as per the claim

Name of the Month						
Attendance (%)						

Remarks, if any:

Prepared & Checked By: Verified By:

Signature with Date :- Signature with Date :-

Full Name :- Full Name :-

Designation :- Designation :-

Topper for the CUCET/Semester ..... Session ..... Program ..... Rank/GPA: .....

Checked By(Sign with date): Verified By(Sign with date):

Name& Designation: Name & Designation:

To, Dy. Registrar (Dev)/ Asst. Registrar (Dev):