

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): | Divyang: |

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 | Merit 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). | |