

CENTRAL UNIVERSITY OF SOUTH BIHAR

APPLICATION FORM FOR MERIT-CUM-NEEDS SCHOLARSHIP

Name:	Enrollment Number:	Program & Session:
Dept./Section:	Category (Plan, MBE, /SC, ST, /B)	Period (for applicant):
Gross Annual Income (Taxable valid Income Certificate for the period January to December of the preceding year issued by the Competent Authority is prescribed provisionally)		

Any Financial Assistance/Scholarship Availed/Availing(if yes, provide the details):

ACADEMIC (GRADUATE) DATA: (Enclosed self-attested Photo-Copies of the Mark Sheets)

Examination/Year		Percentage, CGPA				Institution name (Whether Govt. or Private)				Tuition Fee (monthly)		
I												
II												
Graduation												
COURSE / COURSE/ Semester/ Term	Rank List	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Rank 6	Rank 7	Rank 8	Rank 9	Rank 10	
Rank, CGPA												

Special Achievements, if any:

Father's Name:	Present Address:
Contact No:	Email:
Account Holder:	Claimant Aadhar/Linked Bank details
	A/C No-
Bank Branch:	IFSC & MICR:

I hereby undertake that I am eligible applicants to get the scholarship as per the University norms/order. I am not receiving any other scholarship/financial assistance from any other sources. Certified that the above information is true to my knowledge. If I get any scholarship from any other source in future for the same period, 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 / CLERK/ADMIN. SECTION)

Name of the Programme: _____ Total students in the programme: _____

Claimant completed the year/ semester with GPA: _____ for claimed period:

Checked By:	Verified By:
Signature with Date :-	Signature with Date :-
Full Name :-	Full Name :-
Designation:-	Designation:-

To, By Registrar (Dev)/ Asst. Registrar (Dev)