Name: _____

Father's Name: _____

Mother's Name: _____

School: _____ Department: _____

Position: _____ Enrollment No: _____ Category: _____

Gender: _____

Religion: _____ Nationality: _____ State: _____ Dist: _____

Address: _____

MOB: _____ Email: _____

Guardian's Mobile no: _____

Type of Fellowship: _____

Academic Qual Courses:

S.No	Degree	Marks in Marks	Grade in Marks	CGPA	Year Passed
Total					

Do needs to be submitted: 10th / 12th / UG / PG Graduation & Certificate / Course Proof / Other (pl. write certificate) / Vaccination certificate/COVIS

_____ _____

HOD/Supervisor Signature Chairman DRCC

For Office Use Only

Total Fee: _____ Fee/Scholarship Category: _____

(Attached) / Not Attached